The Effectiveness Of A Drug Education Programme In Silverwood Primary School: An Action Research Project

Thesis

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The Effectiveness of a Drug Education Programme in Silverwood Primary School: *an action research project.*

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Abstract

The area under investigation was the implementation of a drug education programme in a primary school. The main aim of the study was to examine the effectiveness of the drug education programme. The study was conducted within a single primary school, involving years five and six pupils during a three year period. Data was collected using a variety of methods. The concerns, views and attitudes were sought from staff, governors and parents through a series of semi-structured interviews. Data was gathered from year five and six pupils using questionnaires, attitude surveys, group interviews and a 'draw and write' activity. Classroom observations were undertaken and staff were also involved in a 'nominal group technique' method which produced a whole staff view of the value of teaching drug education in the primary school. The findings from the study clearly indicate that drug education is seen by the majority of those involved to be of enormous value and should be taught in the primary school. The study found that most of the children by the time they reach the end of Key Stage 2, had quite an extensive knowledge of drugs and drug issues. However, this is not the case for all the pupils. Evidence from the study showed there was a degree of variability in the level of awareness between years five and six. Progressive focussing involved 'action' being continually undertaken. This 'action' was based on the findings from the 'research' work carried out during this study. The drug education programmes of study were redeveloped and implemented during the main study. The study suggests that there is a need to address several areas of concern expressed by both staff and pupils. The areas needing careful consideration before the next drug education programmes of study are developed include:

- the length of individual sessions
- extension of the number of sessions during the year
- creating a higher profile for tobacco and alcohol
- developing further 'life-skills' sessions.

The study concluded that the drug education programme of study as presented to the Year 5 and 6 pupils was effective based on the set of success criteria developed at the beginning of the study.

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Statement

This dissertation has not been offered or submitted to any other university or institution for consideration for a degree or other qualification.

Introduction

Introduction

The Aim of the Study

The main aim of this study is to investigate the implementation of the curriculum development programme for 'drugs' and to examine the effectiveness of such a programme in Silverwood Primary School. In order to do this I would need to look at the views, concerns and attitudes of those involved, including pupils, teachers, parents and governors. It has been decided to adopt an action research approach to this study, which will be developed in a formative style. Hopkins describes 'formative evaluation' as

> "evaluation conducted for the purpose of bringing about improvements in practice". (HOPKINS, 1989, p. 188)

A critical feature of this evaluative approach is that its prime focus will be on facilitating change. This is also one of the fundamental principles upon which the process of action research is based. In this study the **research** element of the 'action research' is involved with evaluating what has happened in the past. This may necessitate change through planning and implementing those changes, which is obviously the **action** element of the 'action research'.

I believe it is appropriate to view the present study as an action research project. The pilot study or stage one was carried out during the academic year 1997 - 1998. It involved a reconnaissance of the views, attitudes, opinions which helped to create an audit or evaluation of the programmes of study by the end of April 1998. This evaluation could lead to the possible redesigning these programmes in time for the start of the following academic year 1998 - 1999. If the research element leads to the development of 'new programmes' these would become the central focus of the research during stage two of this study. According to Nixon the initial focus of any study is likely to be modified and refined in the light of new evidence as it is gathered. He suggests

> "an important first step in beginning to clarify the focus [...] is to review any existing evidence what may be relevant." (NIXON, 1992, p. 43)

Therefore progressive focusing of such a study enables the initial focus to be modified as data is collected and analysed. It also allows any weakness or problems to be identified while the research is taking place and action to be taken and subsequently the programmes can be refined in the process. The pilot study will act as a springboard to an **action plan** leading to a detailed evaluation of the *new* programme during stage two of the doctorate programme.

The Rationale for the Research

During 1990 I studied EP851 Applied Studies in Educational Management with the Open University and produced a project reviewing the introduction of Personal and Social Education into the curriculum of Silverwood Primary School. This led to further studies of this aspect of education through, firstly E819 and then finally with the completion of E816 (Dissertation module) for the Master of Arts in Education. The dissertation was an evaluating study on the 'sex education' element of the Personal and Social Education curriculum.

By 1995, with the publication of the government's *"Tackling Drugs Together, A Strategy for England 1995 - 1998"* (H.M.S.O., 1995) and the DfEE circular 4/95 *"Drug Prevention and Schools"* (DFE, 1995c) which was sent to all schools, the 'drug education' profile had been raised. While it was being highlighted nationally by the government and through the media the Head and Governors of the school felt it was an appropriate time to ask me as co-ordinator of the Personal and Social Education curriculum to produce a drug education policy and programmes of study for the school. In January 1997 when I produced the research proposal for this dissertation I considered this an appropriate opportunity to investigate the effectiveness of the drug education programmes of study. Therefore I believe that this present study can be seen as a continuation of the work I have covered with the Open University during the past few years.

Personal and Social Education in the primary school is concerned with the overall development of the child. It is to be found in every aspect of educational activity, both formal and informal. It deals with qualities,

attitudes, knowledge and understanding, and abilities and skills in relation to oneself and others. Two of the supporting research questions have been devised explicitly to find out what values and assumptions underlie the drug education programme. Personal and Social Education can also promote a sense of achievement, confidence and competence and will be influenced by relationships, styles of learning and by experience of the school as a community. Therefore the importance of putting an effective programme of study into operation cannot be stressed enough. The relevance of this research to the practitioners (those teaching the subject) will be demonstrated by their commitment to any improvement that comes about from the results of this study. I believe it is vital that the school presents an effective Personal and Social Education programme, in order that the children will be able to grow and develop fully. Therefore the value of a critical evaluative action research study is to bring about improvements and changes to the programmes of study through revised planning and implementation where necessary. Although this is a large undertaking, the school, through the school development plan spanning four years (1997 - 2000), believes this to be an important task. Both the Governors and the staff are fully supporting this development and are keen to receive regular feedback on the progress made during this study.

The Scope and Scale of the Research

During the research, the "effectiveness" of the programmes of study in the area of Personal and Social Education and in particular 'drug education' will be critically evaluated in the context of Silverwood Primary School. In the academic year 1997 - 1998 the school had 185 children with seven classes from early years/reception to Year 6. All the children in the school were involved with the Personal and Social Education programmes of study and all were initially included in this project. However, due to the time scale of the reconnaissance stage and subsequent main study, a narrower focus was required and therefore I have concentrated on the two age groups of Year 5 and 6. There are several reasons for focusing on these year groups. During the period of the study I have been involved with teaching both groups of children. It seemed logical, therefore, to involve them in both the pilot study

and the main study that followed. During the academic year from September 1997 to July 1998 the Year 6 group was a small group of 22 pupils. However, as the oldest children in the school they were well able to express their views and opinions when required. During that year the two year groups often worked together with myself and the Year 5 class teacher. This meant that the two groups could be more easily accessible when observations needed to take place and when the children answered the questionnaires. The following year from September 1998 to July 1999 I took the Year 5 group while another colleague took the Year 6 class. Although there were changes in staffing the two classes still worked closely together.

Plan of the Research

The action research for this dissertation involves two stages; stage one, or pilot study and stage two, the main study.

During stage one of the research a 'pilot' or 'reconnaissance' study was carried out from April 1997 to April 1998 when the work was presented in a Final Report to the Open University at the end of Stage A of this doctorate. The work included a literature review and detailed examination of the theoretical framework on which the curriculum was based. Discussions with staff when their views and attitudes were sought took place at the beginning of the autumn term. An initial 'draw and write' activity with all the children in the school took place during October 1997. From evaluating the information gathered from both the pupils and staff, the medium term plans for the programmes of study were drawn up and during the months from November to January these 'drug education' programmes were delivered. During the lessons the pupils from both year groups were required to complete three attitude surveys on 'alcohol and drinking' and 'tobacco and smoking'. They were also invited to complete a questionnaire at the end of the series of lessons. Interviews with staff and parents took place during this period and the surveys and questionnaire were followed up with a group interview involving a small group of Year 6 children. Following the completion of this work, a full analysis of the data collected was made. This work is presented here in the chapters on the pilot study of this dissertation.

At the beginning of the main study, the conclusions and recommendations from the pilot study prompted further revisions of the planning process and a new set of medium term plans were drawn up and presented to the staff. These new programmes of study were introduced into the timetable and followed by the pupils during the academic year 1998 - 1999. The programmes were further evaluated through observation, an updated pupil questionnaire, the pupil attitude surveys and further semi-structured interviews of staff, governors and parents as well as group interviews with some of the children from both year groups. During the main study, the next spiral or cyclic pattern of the action research was implemented and a full analysis of the data gathered is also presented in the main study sections of this dissertation. The dissertation is completed by discussions on the findings for the main study, as well as an overview of the entire work.

Chapter One

Context and Focus of the Study

Chapter 1 - Context and Focus of the Study

Focus of the Research

The development of Personal and Social Education in the primary school during the last ten years has been considerable. During this period concern grew with the implementation of the National Curriculum that the personal and social dimension of primary teachers' work with pupils would be marginalised. Although elements of health, sex and drug education were included in the Science curriculum, they were restricted to basic elements of these areas. However, these elements were seen as the 'minimum requirement' rather than fully developed programmes of study. Since the Dearing Report (DEARING, 1993) and the implementation of the new National Curriculum Orders (N.C.O., 1995) there has been a 'slimming down' of content and a 'relaxation' of time. This gave schools discretion to teach other areas so time became available to make Personal and Social Education an explicit dimension of the primary curriculum. Unfortunately since the start of this study there have been further restrictions of time being imposed on the curriculum through the introduction of the National Literacy and National Numeracy projects in September 1989 and 1999 respectively.

The action research that I have carried out at Silverwood was concerned with the implementation of the curriculum programme for drug education throughout the school, as devised by the Curriculum Co-ordinator for Personal and Social Education in consultation with the staff. The focus of this project was to study the implementation of the drug education programme throughout the school and to make a critical evaluation of how effective the programme had been. This would help to facilitate further improvements in the programme. This type of study is ideally suited to action research, which is a cyclic process of integrated development, planning, implementation and evaluation of the programmes of study. There is a continual process of monitoring and evaluating, developing and modifying throughout the whole of the work and the research.

Certain aspects of drug education have been a statutory requirement as part of the National Curriculum Science Order since 1991. At Silverwood the drug education aspect of Personal and Social Education had only been introduced into the programmes of study relatively recently following the initiative from the Government in 1995. This initiative was in the form of a white paper entitled *"Tackling Drugs Together"* (H.M.S.O., 1995), which clearly indicated that schools had a crucial role to play in warning young people of the dangers which drug misuse poses. In the white paper the Government stated that

> "an effective programme of drug education in schools can be an important step in helping young people to resist drugs". (H.M.S.O., 1995, p. 15)

At the same time, as the Government revised the National Curriculum for Science, in 1995, it also recognised the need to retain a requirement that drug education was provided at each of the key stages of compulsory schooling in accordance with the increasing experience and maturity of the pupils. The Science curriculum kept the following statements set out below:-

- Key Stage 1 : Pupils should be taught about the role of drugs as medicines; (DFE, 1995b, p. 40)
- Key Stage 2: Pupils should be taught that tobacco, alcohol and other drugs can have harmful effects. (DFE, 1995b, p. 45)

This then was the basic minimum that was required to be covered through the national curriculum. However, drug education has two locations within the National Curriculum: first as a statutory requirement in the subject of science and, secondly, as part of a broader programme of PSHE. The Education Reform Act 1988 indicated that the National Curriculum was not the whole curriculum. With respect to PSHE the DFE circular advises that

> "it is for individual schools to consider whether, and if so how, they might wish to extend provision of drug education beyond the statutory minimum for schools." (DFE, 1995a, p. 5)

The circular goes on to note that

> " teaching about drugs is generally best provided as part of an integrated programme of health education"
> (DFE, 1995a, p. 5)

At Silverwood it had been decided that the statutory minimum was insufficient and a 'drug education' programme had been introduced through the Personal and Social Education curriculum as an extension to the Science curriculum.

The Research Questions

During the early part of the pilot study the main research question was modified and refined into the following:-

> ***How effective is the drug education programme in the school?***

Questions supporting the main focus of the study are set out as follows:-

- *What are the values and attitudes of those involved in this project, in relation to drugs and drug education?*
- *What is actually being presented in terms of the specific content during lessons?*
- *What has been learned as a result of the programme?*
- *What are the experiences and perceptions of those involved including pupils, teachers, parents and governors?*
- *What are the learning processes involved in this programme?*
- *What constitutes successful learning in this area of the curriculum?*

These supporting questions will not only provide a description of the programme, but will look closely at the complexities of the issues surrounding the teaching and learning that takes place within the Personal and Social Education of the school. These further questions will also help to clarify my understanding of the learning process and its success or failure, while strategies will be created in order to establish whether or not successful learning has taken place.

This progressive focussing produced a narrower and clearer focus upon which to build the study. However, throughout the reconnaissance phase there has been indications that the effectiveness of a "drug education" programme cannot be considered in isolation. Discussions at staff meetings have taken place concerning the wider aspects of personal and social development and its contribution to the drug education element. During these discussions an examination of the wider implications as to the desirability of a drug education programme in the primary school took place and therefore the concerns, views and attitudes of those involved has been included in this pilot study. (See the nominal group technique method discussed in Chapter 3.)

Within the Local Education Authority, during the period of the pilot study, the terminology of personal and social *education* began to swing towards personal and social *development*, although as could be seen from Suffolk County Council's statement document of 1990 the two words were being interchanged.

> "The process of personal and social *development* is served by a number of aspects of school experience, including the character and quality of pastoral care, guidance and personal and social *education*." (S.C.C., 1990, p. 68)

However, in the same document it was made clear that Personal and Social Education refers to

> "those aspects of a school's thinking, planning, teaching and organisation which promote the personal and social development of pupils in both the formal and informal aspects of school life." (S.C.C., 1990, p. 68)

Since as early as the 1980's the two words have been interchangeable. Pring in his book entitled *"Personal and Social Education in the Curriculum"* begins with the statement,

> "schools have always been concerned with personal and social development". (PRING, 1984, p. 1)

However, the County does now appear to be in favour of using the title of *Personal and Social Development* when referring to this area of the curriculum. This change of emphasis has prompted a discussion between the

meaning of *"education"* and *"development"* . Thought must also be given to any shift in emphasis that could occur as a result of the use of the different words. Further discussion of this can be found later in this study.

This discussion is further complicated by the use of the term *"prevention"* instead of *"education"* by some working in the area. Following the initiative taken by the Government in 1995 with the white paper *"Tackling Drugs Together"* (HMSO, 1995) no-one would disagree that schools have a crucial role to play with regard to drug awareness. There are, however, those who would argue, including Stoker from Prevention Positive Plus, that "drug education" isn't the answer. Peter Stoker is a councillor, advocate, trainer and prevention worker with several drug agencies including Prevention Positive Plus. Stoker argues that schools and groups involved with young people should be involved in "drug prevention". (STOKER, 1992)
In Norfolk County Council's Drug Education Guidelines it states

> "knowledge alone has been shown to have little effect on people's drug-related behaviour."
> (EDWARDS, 1997, p.5)

These views and thoughts will be expanded further when looking at the literature in greater detail in Chapter 2.

The definition of what is meant by *effectiveness* will be essential and careful consideration as to exactly what is being assessed as 'effective' needs to be discussed. Effectiveness could be described as

> "the production of a desired result or outcome"
> (LEVINE & LEZOTTE, 1990, p. 4)

A closer study of the so called *'desired result or outcome'* must be examined and a clearer definition of effectiveness will be generated during the reconnaissance phase. Is the *desired result,* a curriculum programme which has been delivered efficiently or is it the affect the curriculum programme has on the pupils with regard to it's lasting effect? The issue of how we judge if something is working is fundamental and will be looked at in greater depth in the literature review where success criteria are studied. Effective drug education is a very complex matter if young people are to understand why

society in general is concerned about the misuse and abuse of various substances and then moderate their own behaviour accordingly. Preventionists would argue that, in order for the drug programme to be effective, the pupils will have to develop life-skills, which will help them in the future to make the right decisions with regard to taking drugs. If the latter argument prevails then a serious rethink of the whole Personal and Social Education programme throughout the school will need to take place.

Description of the Case Study School

Silverwood Primary School was opened in September, 1989. It is situated in Rendlesham Heath, which is a large urban area near Ipswich. At the start of this study there were 185 children in the school. This has risen to just over 200 in the last year (1999/2000). The children are taught by 8 teachers, including 1 part time teacher. There are 7 classes with an average size of just under 30. The children come from a strongly professional area of private housing where there is tremendous pressure on the children to succeed. The school was chosen for this study for several reasons, which I believe make it suitable to carry out this investigation.

The first reason is that I have been the Curriculum Co-ordinator for Personal and Social Education since the school opened. The title Curriculum Co-ordinator has changed and has become Subject Leader, since the introduction by the Teacher Training Agency of the National Standards for Subject Leaders in 1998. Also during the last few years the word 'health' has been included in the title so the subject is now Personal, Social and Health Education. As Subject Leader for PSHE, I am responsible for the development of the programmes of study within this area. This includes writing and maintaining the policy documents for this area of the curriculum, long and medium term planning of the programmes of study, and the day to day running of such programmes. This gives me an 'insider' viewpoint, which I have discussed else-where in this dissertation and places me in a very strong position to investigate the research questions I have set out at the start of this work.

Secondly, although the area around the school is relatively modern, the housing having been built in the last eighteen years with a strongly professional community, nevertheless it is an area that is known to the police for minor drug dealing with the large teenage population the area supports. It is therefore vital that the children in this particular primary school should be fully aware of the drug scene and the consequences of becoming involved. Although every class receives 'drug education' as part of the PSHE curriculum only the Years 5 and 6 are involved in this project, as shown by the table 1.1 below.

Table 1.1 Number of pupils in each year group from 1997 - 2000

Academic Year:	***1997 - 1998***	***1998 - 1999***	***1999 - 2000***
Research Stages	*Pilot Study*	*Main Study*	
Year Groups with No in group (*)	**6** (22)	-	-
	5 (33)❖	**6** (31)❖	-
	4 (30)	**5** (30)●	**6** (30)●
	3 (35)	**4** (35)	**5** (35)
Total Number in Years 5/6	**55⊙**	**61**	**65⊙**

Note: Refers to the two year groups involved in this study.
❖ denotes same group of children involved in the pilot and main study.
● denotes same group of children involved in the main study.
⊙ Not all the pupils responded to either the attitude surveys or the full questionnaire.

It will be seen from the table above that two groups of children will be involved in this study in two consecutive years. The advantages and disadvantages are discussed later in this study. Table 1.2 shows all those who are involved in this project during both the pilot and main study.

Table 1.2 List of those involved in this study

Method of Research	Those involved in study	Number involved	Pilot study	Main study
NGT	Staff	8	✓	✓
D&W	Pupils (Years 5 and 6)	see previous chart	✓	✓
SSI	Staff (teaching sessions)	3	✓	✓
	Parents (Year 6)	4	✓	×
	Parents (Year 6)	5 (1 governor)	×	✓
	Parents (Year 5)	3 (1 governor)	×	✓
PQ	Pupils (Years 5 and 6)	see previous chart	✓	✓
CO	Year 6	2 sessions	✓	×
	Year 6	2 sessions	×	✓
	Year 5	1 session	×	✓
GI	Year 6	5	✓	×
	Year 6	4	×	✓
	Year 5	6	×	✓
AS	Years 5 and 6	see previous chart	✓	✓

Note: NGT - Nominal Group Technique
D&W - Draw and Write activity
SSI - Semi-structured Interview
PQ - Pupil Questionnaire
CO - Classroom Observation
GI - Group Interview
AS - Attitude Survey
(Further details of those involved in this study will be given in the appropriate places throughout this dissertation.)

From the opening of the school in 1989 it had been decided that Personal and Social Education, as it was then called, would be at the centre of the curriculum. Personal and Social Education was to include sex education, drug education and health education. It was felt that it should encompass physical, mental, emotional, spiritual and social well-being which is crucial if the pupils were to learn effectively. The staff felt that the school should offer an environment in which the pupils could achieve their full academic potential, the staff and governors were able to work productively and parents could make a valuable contribution to their children's education. The head believed that the ethos of the school would make a tremendous contribution to the development of the whole person and therefore should not be left to chance but become a vital part of the school's development. Although these thoughts were very prominent from the start of the new school the idea of the *Health Promoting School* was not included. However, during this present study the head has become aware of the need to create a more positive approach to the issue of health education and health promotion within the school.

Health education was regarded in the school as a simple solution to any number of health related problems. For example, by warning pupils about the dangers of smoking that would be sufficient to stop them smoking. Since then the theory and practice of health education has been considerably refined. In their book, *"The Health Promoting School"* , Boddington and Hull suggest three points that are relevant here:

- Schools should be concerned with promoting health as a broad and positive concept and not merely preventing ill health;
- Schools influence the health of pupils and staff in many ways. The phrase implies that health is a whole school issue, as much to do with the ethos and environment of the school as with any planned health education programme.
- A health promoting school is one which is healthy as a community and organisation; a healthy school is an effective school.
  (BODDINGTON & HULL, 1996, p. 5)

The Role and Position of the Researcher

It is important to discuss the role and position of the researcher within the school and his relationship with the children and adults involved in this study. At the start of pilot study, I was the Curriculum Co-ordinator for Personal and Social Education, as well as the Deputy Head of the school. At the beginning of January 1998 my responsibilities changed from being Deputy Head to Acting Head for the Spring term. My position as Curriculum Co-ordinator also changed to Subject Leader for Personal, Social and Health Education. These factors will need to be taken into account when analysing the data collected although the main part of the work with the pupils was carried out during my position as Deputy Head and Curriculum Co-ordinator for Personal, Social and Health Education.

Obviously the 'background knowledge' acquired over the past few years, through being involved in discussions with staff, governors and parents about the previous drug education programmes, gives me an advantage when commenting on and analysing the information contained in the documents. However, being involved that closely could be regarded as a problem in

respect to researching an area with which I am particularly concerned. One of the major advantages of being, as Preedy (PREEDY, 1989) puts it, "an insider" is that every facet of the subject can be dealt with at first hand. In discussing the advantages and disadvantages of such a situation Bastiani and Tolley state that although

> "the researcher's motivation is likely to be high if he has an effective commitment to the investigation ... too great a personal involvement in the subject of the research may lead to a lack of detachment and objectivity"
> (BASTIANI & TOLLEY, 1979, p. 37)

Being aware of the need to be detached and objective especially during the data collection and analysis stage will help avoid the pitfalls.
Eisner (HAMMERSLEY *et al.*, 1993) in discussing the traditional conception of objectivity argues that, in order to show whether ontological validity has been achieved, we need to have direct access to the area of reality being presented, so that we can compare representation with reality to check that they correspond. This may not be possible in this present study. If I am realistic, I believe it is more important to develop a reflective approach to this study, which will involve being reflective about my own role in the research process.

One of the major advantages of being an 'insider' is that every facet of the subject can be dealt with at first hand. It also means that it is relatively easy to negotiate access, and therefore, the gathering of data can be done systematically. However, there could be negative aspects to the question of access. Again Bastiani and Tolley point out,

> "the reluctance of some people to divulge their honest opinions to a colleague or to allow them to observe their lessons" (BASTIANI & TOLLEY, 1979, p. 38)

As Deputy Head I am in the position to be able to use Silverwood for this action research study. The continuing development of the Personal, Social and Health Education area, as I have already indicated, is a major initiative on the school development plan for the next few years and the Head and Governors have already given permission for me to carry out the research

necessary to improve this area of the curriculum. Although there are good relationships with staff, there could potentially be problems involving interviews or observing lessons. All staff have become involved in observing lessons when monitoring their particular area of the curriculum and therefore are increasingly more at ease with another member of staff in the classroom.

Another problem could be that my position within the school may have an effect on the way the staff and pupils respond both under observation and through interviews, group discussions or questionnaires. This is often described as the problem of reactivity where those being observed may change their behaviour, acting in the way they believe they are expected to, rather than the way they usually do. In observing the lessons the member of staff may feel pressure to 'perform' well, while the pupils may be inhibited, restricting open and honest discussion due to the sensitivity of the subject matter under discussion. The 'problem of reactivity' could be a significant source of error when analysing the data collected from the observation. However, it must be remembered that if reactive effects occur, they may not have a significant effect on the validity of the findings.

The question of confidentiality is also important in this research and everyone involved has been assured that everything observed, discussed, or written will be treated with the utmost confidence. Sound ethical practice must be observed especially when sensitive issues are involved.

Hopkins suggests that

> "teacher-researchers must pay attention to the ethical principles guiding their work". (HOPKINS, 1985, p. 43)

Hopkins believes that failure to work with these procedures may jeopardise to process of improvement. However, Faulkner, in the Methodology Handbook for course E621 points out that

> "making sure that ethical procedures are carefully followed may not completely resolve the problems, but will certainly show others that you are aware of your responsibilities and the potential consequences of your enquiry".
> (FAULKNER, *et al.*, 1991, p. 9)

Both Hopkins and Faulkner include a list of ethics for practitioner research, which has been taken from Kemmis and McTaggart. (KEMMIS & McTAGGART, 1981) This is a useful guide to work from in this area of study.

The problems that I had anticipated might cause concern with the relationship between myself as researcher, deputy head, curriculum co-ordinator and the staff have not materialised. I believe I have access to the trust, time and co-operation of the staff and other adults involved. Through discussion with the staff my position appears to have had little, if any, affect on the study. It is essential, though, to accommodate the feelings and views of colleagues, in view of the nature of the subject being evaluated. This can only be achieved with the greater understanding and knowledge gained by being 'within' the institution.

Chapter Two

Literature Review

Chapter 2 - Literature Review

Drugs and Drug Education:

In this study the term ***'drug'*** has been defined as *any substance taken into the body which affects the way in which the body functions either physically, emotionally or mentally.* These substances may impact on the individual's behaviour and/or perception. Therefore by definition a drug includes legally available substances such as alcohol, tobacco, caffeine and solvents. It also includes prescribed and over the counter medicines such as tranquillisers or pain killers as well as illegal drugs such as heroin, ecstasy or cannabis.

The Misuse of Drugs Act 1971 is the main piece of legislation covering drug use. The most common drugs it controls are *heroin, cocaine, LSD, MDMA (ecstasy), amphetamines, cannabis and hallucinogenic or 'magic' mushrooms.* There are many other drugs, or forms of drugs specified in the Act, but these are the most frequently encountered in East Anglia. *Alcohol* is covered by the Licensing Act 1964 and Children and Young Person Act 1933; *tobacco* by the Children and Young Persons Act 1933 which was amended in 1991 and *solvents* by the Intoxicating Substances (Supply) Act 1985. These last three are either legal or illegal depending on the age of the recipient.

The minimum statutory requirement within the National Curriculum for Science is to cover 'the role of drugs as medicines' at Key Stage One and that 'tobacco, alcohol and other drugs can have harmful effects' at Key Stage Two. As PSHE curriculum co-ordinator, I have had to look at what else needs to be included in order to extend the provision of drug education within the school. Following discussions with the head and staff it was felt that the curriculum programme should focus mainly on tobacco and alcohol but there was the need to include illegal drugs as mentioned above.

Discussion of the Various Approaches to Drug Education:

Over the last few decades there have developed many different forms of drug education using various approaches. In this section I shall explore the different categories of drug education which have emerged. In his review of drug education for the Health Education Board for Scotland Coggans describes five approaches to drug education.

These were:

- established *information-based* approaches (factual, fear arousing, situational)
- *values and skill-based* interventions
- *resistance training*
- *alternative-based* programmes
- *peer-led* approaches (COGGANS & WATSON, 1995a, p. 10)

These approaches broadly correspond to those found by other researchers (O'CONNOR, 1997; McGURK & HURRY, 1995). O'Connor sets out five similar approaches ranging from deterrence methods to cultural methods while McGurk and Hurry felt that there were only three approaches that needed to be categorised. However, Coggans, O'Connor and McGurk & Hurry all fail to mention behavioural approaches such as those evolved from the *social cognitive theory* of Bandura (BANDURA, 1986) and the *social influence model* as set out by Hansen (HANSEN, 1990). These approaches will also be discussed in the following sections.

Information-based approaches

This type of drug education provides information about drugs assuming that individuals misuse drugs because they lack information. O'Connor calls this approach the *'factual/informational method'* which provides unbiased and accurate information about drugs and drug issues. The nature and function of these types of programme varies. One form is 'non-evaluative' and provides knowledge which is both factual and scientific about the nature and degree of drug effects. According to Dorn and Murji (DORN & MURJI, 1992) this approach has been found to be ineffective or counter productive where the

aim is to prevent people using illicit drugs. McGurk and Hurry support this view of information based programmes and provide three reasons why in their view they have failed. They found that many factual programmes offered a very biased review, were usually based on the assumption that young people begin to smoke, drink or use drugs because they are unaware of the potential risks, and facts which seem salient to adults may fail to mean much to teenagers. (McGURK & HURRY, 1995, p. 5)

Another form of information based approach to drug education is often referred to as *'fear arousing'*. This approach often contains little factual information but emphasises the potential dangers of becoming involved with drugs. Coggans believes this approach often lacks credibility because the images and messages conveyed contradict the intended target groups experiences and knowledge of drug use. (COGGANS & WATSON, 1995a, p. 10) O'Connor considers the use of "scare tactics" to be part of what she describes as the *'deterrence method'* which includes "just say no" exhortations. Coggans, however believes that this type of activity belongs within the *'resistance training'* approach. (See discussion on page 29)
According to McGurk and Hurry

> "early prevention efforts relied on scare tactics and moral exhortations that linked the use of drugs to an alarming physical and moral degeneration"
> (McGURK & HURRY, 1995, p. 4)

They again support Coggans with the view that such techniques are rarely effective in influencing behaviour. They believe that

> "drug education programmes employing fear arousal techniques or information transmission about drug abuse are ineffective"
> (McGURK & HURRY, 1995, p. 11)

This information based category also includes the *'situational approach'* which was widely used in the 1970s. This approach aimed to develop an awareness of situations where young people would most likely be offered drugs and to counter stereotypical perceptions of drug offer situations. In

this approach the emphasis is on the *'situation'* rather than the knowledge about drugs and their effects. This differs from the 'just say no' rationale behind resistance training approaches where the emphasis is on providing social skills required to resist drug offers. O'Connor also includes in her list the *'situational method'*, which acknowledges the social context of, and influences on, personal choices around drug taking. The situational approach has, however, been overtaken or replaced by other approaches which focus on the incidence of drug use.

A more recent addition to this category is the *'harm reduction'* approach to drug education. This approach aims to reduce harm from drug use through accurate information about drug use and risks, development of safer drug use skills, and the promotion of more accepting attitudes towards drug users. (COHEN *et al.*, 1990)

Values and skills-based approaches

This approach is based on theories of drug use that emphasise the role of personal and/or social deficits as risk factors. It assumes that the reason people take drugs is to compensate for a lack of self-esteem, moral values or other personal and social lifeskills that make them vulnerable to a range of delinquent behaviours, including drug misuse. Interventions based on these assumptions attempt to rectify such deficits. It is often referred to as a *'lifeskills approach'* which in recent years has produced many interventions designed specifically to 'cure' these deficits. However, according to Coggans there is a lack of evidence concerning the existence of such deficits in target groups. O'Connor see this approach as basically an *'effective/self empowered method'* which she believes aims to boost self esteem, assertiveness and decision making skills while increasing belief in personal influence and control. Self-esteem theories which can be the foundation for a personal deficiency approach to drug education focus on the presumed lack of self esteem as one of the reasons for drug use. Coggans and Watson believe that

> "any theoretical model used as a basis for drug education has to include individual factors such as beliefs, attitudes

and aspirations, as well as developmental and social factors" (COGGANS & WATSON, 1995a, p. 5)

Therefore an individual's choice of drug using friends may not necessarily come from their personal or social inadequacy.

Both self-esteem and peer pressure have similarities when explaining drug use. They are 'inadequacy' theories based on an assumption that those participating in drug use are doing so in order to compensate for a lack of self-esteem or the skills to resist pressure from others. According to Coggans and Watson the evidence does not support these assumptions.

Resistance training approaches

Resistance training focuses on social skills needed to resist peer pressure and concentrates on pupils acquiring 'say no' techniques and refusal skills to help them resist drug offers. This form of resistance skills training has become very popular in the USA where *Project DARE* (Drug Abuse Resistance Education) has become the most prevalent drug education programme. *Project DARE* has been introduced into this country in a few areas. However, in the UK there is usually a greater emphasis on general lifeskills methods. A programme called RIDE (Resistance in Drug Education) covers a range of lifeskills emphasising recognising and resisting social pressures to experiment with tobacco, alcohol and other types of drug abuse. O'Connor refers to this approach as the *'cultural method'* which according to her favours a broader context of life skills teaching and acknowledges the influence of homes, communities and work on life styles behaviour. (O'CONNOR, *et al.*, 1997, p. 15) McGurk and Hurry discovered that within this broad, life skill approach some of the most successful drug abuse prevention programmes can be found although they do point out that they are not universally effective. (McGURK & HURRY, 1995, p. 5)

Evidence of the value of life-skills programmes at primary school age is provided by the Drugs Prevention Initiative's work at the Home Office, in such reports as *"Project Charlie: an evaluation of a life skills drug*

education programme for primary schools" (McGURK & HURRY, 1995), and *"A Follow-up Evaluation of Project Charlie"*. (HURRY & LLOYD, 1997) This follow-up study showed that the project had a significant effect on the drug use of the children who received the programme compared to those who did not. The key findings were that, four years after the programme, *Project Charlie* children, in comparison with their contemporaries:

- had more negative attitudes towards drugs
- demonstrated a greater ability to resist peer pressure (known to be a significant factor in influencing behaviour)
- were less likely to have used illegal drugs and tobacco

(HURRY & LLOYD, 1997, p. 2)

In a review of prevention programmes for adolescents by Norman and Turner (NORMAN & TURNER, 1994) enthusiasm was expressed for the effectiveness of the *social environmental* model. This approach focuses on *resistance training* and the reinforcement of non-use norms and non-use commitments. The review pointed out that the success record was best with tobacco and more limited with alcohol. Most of the programmes they reviewed addressed either tobacco or alcohol separately with only a handful dealing with multiple substances. Of these only one reported a long term reduction of marijuana use. Coggans believes that most young people who experiment with tobacco or illicit substances tend to give them up rather than continue to use them, move on to use them more frequently, or escalate to harder drugs. He suggests the young people in Norman and Turner's review may well have given up cigarettes anyway. (COGGANS & WATSON, 1995a, p. 13)

Alternative-based approaches

These approaches are usually found in community settings and have developed from a need to improve the social environment by increasing opportunities for work related activities, leisure and other life enhancing factors. Such interventions are created from the belief that people will be less likely to take drugs if they participate in activities that provide alternative

forms of satisfaction. This in turn would alleviate the boredom and frustration that leads to drug use. However, I believe that these alternatives may not be sufficient to ensure a lasting drug free lifestyle.

Peer-led approaches

This type of approach is based on the importance attached to the interactions with peers. Such programmes draw on factors like peer modelling and shared attitudes and values. There is also the point that young people who lead peer education sessions are likely to have more credibility than teachers. This obviously raises the question of the necessary characteristics of effective peer leaders. Botvin argues that good peer leaders should be attractive or credible to high risk adolescents, have developed communication skills, show responsible attitudes, but also be somewhat unconventional. Although peer leaders may have credibility they will probably lack organisational and managerial skills that most effective teachers possess. Therefore, Botvin suggests combining the skills of the teacher with the credibility of the peer educator to provide the best approach. (BOTVIN, 1990)

In Australia some prevention research seems to support the importance of the role of peer leaders as well as teacher and parent involvement in promoting acceptance of minimal and responsible drug use. (WRAGG, 1992) However what is not clear is the extent to which peer education strategies themselves can counteract prior influences on young people. The effectiveness of peer approaches has also been challenged in relation to prevention of the onset of drug use. (ARMSTRONG, *et al.*, 1990)

Behavioural approaches

Behavioural approaches encourage the development of social skills to resist peer and social pressures to use drugs while other approaches rely on influencing knowledge, values or attitudes. A *'behavioural approach'* can be underpinned by various theories concerning the determinants of behaviour,

such as:

- Social cognitive theory (BANDURA, 1986) which assumes that drug use behaviour is 'reciprocally determined' by an interplay between personal and environmental factors. (MAIBACH & COTTON, 1995)
- The 'social influence model' (HANSEN, 1990) argues that social and peer pressure can be both 'direct and active', and 'indirect and passive'. (STEAD, *et al.*, 2000, p. 8)

According to Ellickson programmes based on these theories seek to

> "motivate young people to resist pro-drug pressures and to help identify and combat those pressures".
> (ELLICKSON, *et al.*, 1993, p. 227)

It will also provide pupils with the opportunity to practice social strategies and skills to deal with drug use. (HURRY & LLOYD, 1997)

Behavioural programmes are usually delivered in the classroom and use interactive teaching, role play, peer modelling, the practice of social strategies, and resistance skills and skills training. A recent report from the DPAS *"NE Choices"* suggests that,

> "research opinion on the effectiveness of behavioural approach social influence programmes is divided but tend towards the positive. Much of the evaluation literature concerns smoking prevention (e.g. FLAY *et al.*, 1985), in which school based social influence programmes have had a greater impact on behaviour than have traditional information-based programmes (LEVENTHAL *et al.*, 1991; BRUVOLD, 1993). However, long-term follow-up studies of some of the major programmes (E.g. MURRAY *et al.*, 1989; FLAY *et al.*, 1989; VARTIANEN *et al.*, 1990; KLEPP *et al.*, 1993; MURRAY *et al.*, 1992) indicate that initial reductions in prevalence may disappear after five or six years, suggesting that at best such programmes can delay but not significantly reduce adolescent smoking prevalence." (STEAD *et al.*, 2000, p. 9)

This DPAS report studies a multi-component drugs prevention programme for young people in the north-east of England. *"NE Choices"* was based on

the *'behavioural approach'* to drugs prevention and in particular on the 'social influences model'. The programme combined drama, work with parents, classroom activity, youth work, media and information, and community activities. 'Social marketing principles' and techniques were also used to develop the programme ensuring that it was acceptable and appropriate to all its target groups, delivery agencies and intervention partners. Multi-component programmes are those which use multiple channels to deliver an integrated programme of activities and messages to promote behaviour change. According to the report,

> "tobacco and drugs prevention programmes which combine school-based activities with mass media activity have had a more favourable effect on behaviour than those comprising school or media activity alone."
> (STEAD *et al.*, 2000, p. 4)

Coggans in his review found that the established *information-based* approach generally failed to deliver what was expected. The *values and skills-based* interventions did not appear to be effective in stopping experimentation with drugs, but might be effective in inhibiting a move into harder drugs. The impact of *resistance training* generally showed limited evidence of positive outcomes. Coggans here makes the point that peer pressure as a cause of widespread drug use is not supported by empirical findings. The *alternative-based* programmes showed promise, but at the time of writing the review Coggans felt there was insufficient evidence to say which alternatives might have an impact with particular groups and in what circumstances. He also expressed the view that there was not enough evidence available to reach any firm conclusions about the effectiveness of *peer-led* approaches.
(COGGANS & WATSON, 1995a)

According to O'Connor the most common form of drug education in this country has been based on

> "a primary prevention model in which the objective is the promotion of a drug-free lifestyle."
> (O'CONNOR *et al.*, 1997, p. 15)

This approach combines the *'deterrence'*, *'factual/informational'* and *'effective/informational'* methods mentioned earlier in this chapter, but its popularity has not been justified in terms of its established effectiveness. There have been several other studies that have questioned the effectiveness of the abstinence approach. Kinder, Pape and Walfish (KINDER *et al.*, 1980) and Swadi (SWADI, 1988) both questioned the long term ability of such approaches to influence behaviour. Coggans and Watson in 1995 suggested that multi-media and multi-strand interventions are more likely to be effective than interventions that rely on one single approach (COGGANS & WATSON, 1995b). This is also supported by the evidence collected by Stead I discussed earlier in this section. Wragg in 1992, also believed that a combination of all approaches with the exception of scare tactics and the 'just say no' method was most likely to succeed in having some effect on both knowledge and behaviour. (WRAGG, 1992)

There has also been a similar problem with the actual content of these drug education interventions. Kinder, Pape and Walfish argued that programmes that were almost entirely based on drug information techniques may actually increase drug use among young people. (KINDER, *et al.*, 1980) This challenges one of the basic assumptions on which drug education has been based over the last few years that young people use drugs because they lack sufficient information about their effects. This assumption has also been further challenged by the Health Advisory Service (HAS) in a review in 1996. The review argued that drug education has been heavily influenced by the alleged contribution of peer pressure and self esteem in causing drug use. (HAS, 1996a) Coggans and Watson believe that drug education has failed to take account of the possibility that many young people use drugs on a recreational level because they wish to experiment or enjoy the pleasurable aspects of intoxication, and not because they lack knowledge, the social skills to 'say no' or because they have poor self-image. They concluded in their report that the evidence relating self-esteem to drug use was insufficient to justify self-esteem enhancement as the basis for drug prevention programmes. (COGGANS & WATSON, 1995b, pp. 5-6) Balding also refuted this commonly held belief that young people who experiment with drugs have low esteem. (BALDING, 1994) There are several well

documented resistance and social influence programmes dealing with drug prevention. These include *Project DARE* which I have looked at in greater detail later in this study.

Discussion of the Approaches used in this Project:

Through further discussion following the nominal group technique, (see page 77 for further details) the staff at Silverwood believed it was important for pupils to:

- increase their knowledge of drugs by presenting the facts and correct information,
- develop their decision making life type skills,
- gain an insight into the pressures they may experience,
- and receive resistance training to combat these pressures through the 'drug education programmes' devised by the PSHE subject leader.

They also hoped the drug education sessions would help stop children experimenting with drugs at a later stage.

The approach used by the staff at the school was to be a combination of some of the approaches already discussed earlier in this chapter. In the following paragraphs I have explored in further detail the various approaches, linking them closely to the *key learning skills* and the particular sessions the pupils will receive. (Both the key learning skills and sessions can be seen in Appendix A 1&2.)

In adopting the *information-based approach* the staff agreed it was important for the children to have up-to-date accurate information, but ruled out the 'scare tactics/fear arousal' ideas included in this approach as discussed by O'Connor. The staff thought that by providing accurate and up-to-date information the pupils would be in a better position to make those decisions and choices. This clearly covers the fourth key learning skill which involves the pupils "ability to make decisions and choices". (S.C.C., 1995, p. 28) They also felt that this approach should involve the local Police Education Partnership (PEP) Officer who would be able to provide accurate

information regarding both legal and illegal substances. It would also cover one of the key learning skills of "knowing how to access help from adults and outside agencies". (S.C.C., 1995, p. 28) Two sessions on 'the effects of drugs' and a session on 'other substances including caffeine and glue', together with the two sessions involved with 'drugs and the law' will involved this approach. Although the *'situational approach'* has been largely bypassed by other approaches the staff believed that there was a place for including this approach when getting the pupils to "recognise safe and 'at risk' situations", another of the key learning skills. (S.C.C., 1995, p. 28) This area will be particularly covered by the session with the PEP Officer discussing situations them might find themselves in and how they should react.

It was also felt that there was considerable value in developing life-skills and the idea of including some form of 'resistance training' was essential. The model the staff decided would deliver this aspect of the programme was the *resistance training approach* used by *Project DARE* in America, although it was felt that perhaps O'Connor's *'cultural approach'* might be more appropriate to Silverwood. A session was developed to involve pupils in resisting drugs and peer pressure which involved pairs of pupils trying to persuade each other to accept a couple of 'tablets' (Smarties). It also includes a discussion about the various ways to say 'no'. (Session 8: resisting drugs and peer pressure - 'saying no'.) This covers the key learning skill of "coping with peer influence". (S.C.C., 1995, p. 28) It could also be viewed as a *behavioural approach* as discussed earlier in this chapter.

By combining these approaches it was hoped that the programmes of study would be more effective in terms of knowledge gained as well as modifying behaviour. The work would be carried out within the classroom using interactive teaching, role play, practising resistance and life skills. The normal class teacher would deliver the programme with the involvement of the local PEP Officer.

Drug Prevention:

The term *'prevention'* is used to acknowledge planned programmes of study and activities which are used to meet specific objectives. These objectives can vary from programme to programme depending upon the views of those who are required to teach the programme. The objectives can range from total abstinence, delayed onset of use or avoidance of certain substances. Another rationale for developing prevention activities is to reduce high-risk activities attendant on 'use' or 'uncalled use' of alcohol or other drugs. According to Eiseman there are three levels of prevention, these are:

1: Primary prevention - measures taken to keep the individual from starting to use drugs, i.e., school curriculum
2: Secondary prevention - approaches taken to help stop continuous use of drugs, i.e., on-site counselling and support groups
3: Tertiary prevention - behaviours or actions taken which will keep one away from drugs, i.e. treatment centres, prison centres. (EISEMAN & EISEMAN, 1997, p. 18)

Prevention methodologies involve a variety of strategies aimed at reducing the incidence of alcohol and other drugs of abuse. Education, therefore, would obviously be considered another form of primary prevention.

Discussion of the Effectiveness of Drug Education

It needs to be made clear from the outset that when looking at the issue of *effectiveness,* it does not involve *school effectiveness,* but whether the drug education programme which is being used within the case-study school is working. Naylor raises the need to distinguish between the effectiveness of the delivery of the programme and the effectiveness of the programme itself. He suggests that the effectiveness of the drug use prevention programmes, such as those at present in use in America,

> "can only be measured in terms of what they achieve in preventing drug use." (NAYLOR, 1995, p. 4)

It is hardly surprising that those who are taught some facts about drugs and drug use prove more knowledgeable than those who have not been so taught. Naylor concludes that such findings only demonstrate the *effectiveness of the delivery of the programme* and leaves entirely open the question of whether a knowledge of drugs increases or decreases drug use, i.e. whether *the programme has been effective*. The distinction between programme effectiveness and delivery effectiveness is easy to make in the case of knowledge, but is more difficult when considering other outcome measures.

Within this study I am investigating the *effectiveness of the delivery of the programme*. I would agree with Naylor's conclusions that children being taught facts about drugs and drug use will be more knowledgeable than those who have not been taught and that this does show the effectiveness of the delivery of such programmes. I will not be able to draw similar conclusions to Naylor regarding whether the knowledge obtained through such drug education programmes increases or decreases drug use, as the present work cannot be a longitudinal study which would need to go beyond the primary age range and into the age range when experimenting with drugs begins. So in the context of this study effectiveness will equal evaluation which results from research.

What also needs to be considered here is the question of what is hoped to be achieved by the drug education programme within the school. Following the pilot study, discussions with the staff helped provide a set of criteria upon which to judge whether the programmes of study are effective. The staff agreed that, while there was the need to provide unbiased, accurate information regarding drugs and drug abuse, there was also the need to provide the children with 'life skills', that would enable them to make decisions that were right for them.

O'Connor believes that the variable provision of drug education in schools is linked not only to resource difficulties, but to the problems for schools in identifying and accessing approaches which are most likely to succeed. She goes on to point out that the problems are compounded by differing

interpretations of 'effectiveness'.(O'CONNOR, *et al.*, 1998, p. 49) Therefore the aims of drug education in the school have to be clear and criteria well established. Is success to be measured in terms of preventing drug use altogether, persuading drug users to stop, or reducing harm to those resistant to cessation exhortations? I would question the relevance of these criteria to the present study with children in the primary age range. I do not believe it is possible to measure the success of the current drug education programmes being used in the school in this way. In order to measure success against the criteria mentioned the present study would have to be carried out over an extensive period of time.

The Drugs Preventative Initiative (based at the Home Office) in their *Guidance on Good Practice* reported that

> "the research (consistent with earlier research findings from the United States and Australia: LEUKEFELD & CLAYTON, 1994; WRAGG, 1992), shows that it is possible to influence young people's behaviour and attitudes away from drugs starting at an early, pre-experimentation, primary school age. The research supports the view that life-skills approaches are valid for younger age groups who are at the pre-experimentation stage, but may be less effective in preventing continued experimentation in those children who have already begun to experiment." (DPI, 1998b, p. 4)

The Drugs Prevention Initiative goes on to suggest from the available evidence that drug education should start at primary school as part of a wider personal and social and health education programme based on a life skills approach and integrated with the overall curriculum. It should also include parents to be most effective and continue through secondary school. (DPI, 1998a, p. 14)

One of the many findings of Ofsted's full report on drug education in schools was that such programmes which attempt to use shock techniques in order to encourage the young people to say "no" to drugs rarely meet with long term

success. (DfEE., 1997) In an article in the Institute for the Study of Drug Dependence magazine *Druglink* Cohen also believes that these approaches have not stopped young people using drugs. He believes the main reason for this 'failure' is that

> "primary prevention is based on flawed assumptions about why young people use drugs in the first place and why many continue to do so." (COHEN, 1996, p. 12)

Cohen argues that trying to dissuade children from using drugs is not a viable educational approach. He states that the

> "evaluations of drug education programmes both in this country and all over the world have been unable to find evidence that drug education results in young people staying away from drugs." (COHEN, 1996, p. 13)

This claim seems to be based on the evidence from other studies such as those I have mentioned below. One of the most extensive British reviews of evaluation studies carried out by Dorn and Murji reached the same conclusion, suggesting that the best that drug education could do was to limit the escalation of drug use after initiation and reduce drug-related harm. (DORN & MURJI, 1992) Another comprehensive evaluation carried out in Scotland by Coggans also concluded that education does not stop drug use, although it can play a role in harm reduction. (COGGANS, *et al.*, 1991) It would therefore appear that drug education can increase drug knowledge, develop decision-making skills and make young people more discerning about what they actually do, but may not be able to stop some young people from experimenting with drugs.

Out of all the studies mentioned above only *Project Charlie* deals with primary-age children. The initial evaluative study of this life skills drugs prevention programme as implemented in three primary schools in Hackney between 1991 and 1993 was conducted by McGurk and Hurry and published in 1995. Hurry and Lloyd then produced a 'long term follow up' of the pupils exposed to *Project Charlie* at primary school in 1992/1993. This further evaluation targeted only those pupils from the original evaluation who were at least 13 ½ years of age at the time of the follow-up in 1996.

Many of the longitudinal studies carried out in America dealt with children from 12 onwards. Unfortunately few American studies have been undertaken which have focused on drugs prevention with primary school age children. There are only a few evaluations that look at the relationship between early drug education (at primary age) and later drug use (at secondary age) apart from the follow-up report from Hurry and Lloyd published in 1997.

Another such study was undertaken by O'Conner and Best in 1997, where the

> "objective of the research was to provide a comprehensive analysis of substance activity among 4 to 18 year olds in the Merton, Sutton and Wandsworth boroughs of South-west London." (O'CONNOR, *et al.*, 1997, p. 23)

In O'Connor's study 1,941 primary school children from 11 schools across the three boroughs were surveyed using the 'draw and write' technique. I have used the same 'draw and write' technique in order to assess the level of knowledge and understanding of drugs. I used this technique at the beginning of the programmes of study when the subject of drugs was first introduced to the children. With using the same technique as O'Connor I shall be able to compare her results with my own findings. O'Connor's study also involved 2,400 secondary school children from 7 secondary schools across the same area. These pupils completed a questionnaire concerning their drug education and their knowledge, attitudes and experiences of drug use and misuse. The Year 5 and 6 pupils that have been involved in my project have also completed a questionnaire, which concentrated on the lessons they received. McGurk and Hurry also focused on the pupils from Years 5 and 6. Therefore these evaluative studies give me the opportunity to compare my findings and conclusions with theirs.

Although very few outcome studies have been carried out to assess the effectiveness of drug education in terms of knowledge gain, attitude and behaviour change, those that exist indicate that some approaches show some short term changes in behaviour relating to harm reduction.

McGurk and Hurry report that

> "life skills education programmes have met with some success, especially where there has been an emphasis on social skills, such as peer pressure resistance, rather than on improvement of personal attributes and self awareness." (McGURK & HURRY, 1995, p. 11)

Like Coggans and Watson (see p. 34), O'Connor also believes that

> "sustained, multi-faceted approaches hold out the best chance of success". (O'CONNOR *et al.*, 1997, p. 16)

O'Connor further suggests that any success criteria based on the analysis of 'what works' might usefully consider some, or all of the following:

1. use of a person centred approach which starts from the perceptions of young people on drugs and drugs issues
2. a developmental, spiral approach appropriate to the levels of understanding, knowledge and experience of young people, of long term duration and sufficient intensity
3. use of a combination of teaching methods - information, interactive, decision making skills, examination of values and attitudes
4. use of older or same age peers as models to act as change agents and to establish and reinforce appropriate and responsible drug use messages
5. avoidance of counterproductive strategies such as information only campaigns, scare tactics in education and media campaigns, emotional appeals, affective only programmes and inadequate research design
6. promotion and provision of a range of alternatives to involvement in drugs
7. involvement of parents, whole school communities and beyond, including the media, in coherent pro-health messages and activities, reinforcing commitment to responsible drug use within a wider health enhancing context

8. social policy that addresses the context of legal and illegal drug use (e.g. tobacco advertising, availability of alcohol and tobacco to under age drinkers and smokers, and the deprived economic and social conditions in communities where drug abuse appears endemic.)
(O'CONNOR *et al.*, 1997, p. 16)

A discussion with staff sought to simplify the success criteria as set out by O'Connor with regard to the effectiveness of the present drug education programme in the school. The staff, including myself, decided on the following as criteria for a successful effective drug education programme:

- the use of a person centred approach starting from the pupils perceptions of drugs and drug issues
- a developmental, spiral approach appropriate to the level of the pupils understanding, knowledge and experience
- the use of a combination of teaching methods including information, interactive, decision making skills and an examination of values and attitudes
- the avoidance of counterproductive strategies such as those suggested by O'Connor in point 7 above.

The Drugs Prevention Initiative produced a review of some of the key findings from their programme of work over the last eight years.(DPI, 1998b) The work covered various thematic approaches to community based drugs prevention, including work with young people and parents, community involvement approaches and criminal justice interventions. This review of the existing research concluded that some approaches to drug education are more likely to be effective than others. The DPI suggested that the following three points were essential for effective drug education:

- life skills-based programmes may be more effective in the long term than fear arousal or purely information-based approaches
- consistent programmes lasting several weeks or months are more likely to be effective than one-off events

- the optimum time for starting drug education is before drugs experimentation begins (DPI, 1998b, p. 4)

The DfEE in a report entitled *"Protecting Young People"* (DfEE, 1998c) produced conclusions from various research programmes both here and in Australia and America, which showed that continuing programmes of life-skills based drug education, starting at an appropriate but early age could have an impact on first use of drugs by young people. The report states several key issues including the following:

- drug education is most successfully delivered as part of a personal, social and health education curriculum
- drug education programmes using fear arousal techniques or simply providing basic information about drug abuse will not of themselves change pupils' behaviour. The most successful education programmes emphasise information and social skills approaches, such as peer resistance, as well as improvement in self esteem and self awareness
- the drug education programmes should also employ a range of teaching methods, such as feedback, role playing and skill rehearsal, in addition to information and knowledge programmes
- whatever methods are used, to be effective drug education requires a long-term, sustained approach, which addresses the pupil's needs at each stage of development and builds on what has gone before
- schools are helped by having a drug or health education co-ordinator and by drawing up and regularly reviewing a drug education policy, in consultation with parents, governors, pupils and other outside bodies, such as police, alcohol and drug agencies, and LEAs (DfEE, 1998c, p. 16)

Establishing the effectiveness of drug education is a complex task. The DfEE in their report believes that

> "almost all evaluators of programmes have been inconclusive in terms of perceived results in reducing or preventing drug use. Where programmes have shown positive results, the benefits have been in improved knowledge, decision-making skills, and improved self

esteem. Personal and social skills, however, have not been shown in themselves to relate directly to the prevention of drug use."
(DfEE, 1998c, p. 18)

In 1995 Coggans pointed out that

> "despite the emphasis placed on drug education and law enforcement, it is notable that the use of illicit drugs appears to be increasingly accepted by young people (users and non-users alike) as a taken-for-granted facet of youth culture." (COGGANS & WATSON, 1995b, p. 3)

Statistics have since shown that drug experimentation and drug taking in young people was at a record high in 1995/1996. However, evidence is emerging that suggests there is a drop in the levels of experimentation from around 1996. Since 1987 the Schools Health Education Unit has been collecting information about young people's knowledge, attitudes and behaviour with respect to illegal drugs using the Health Related Behaviour Questionnaire. The latest report is based on data collected from more than 300,000 young people since 1987 and in particular from 40,229 UK pupils aged 9-15 that took part in 1999. (BALDING & REGIS, 1999) In the questionnaire one of the longest-running questions asks if the young people involved in the survey have *ever tried* at least one of the drugs listed. The list used in the questionnaire can be seen in Table 2.1.

Table 2.1 Checklist of drugs used in the survey (1999)

Amphetamines, barbiturates, cannabis, cocaine, crack, ecstasy, hallucinogens (both natural and synthetic), heroin, opiates, poppers, solvents, and tranquillisers

(BALDING, 2000, p. 9.)

This list was first used in the 1987 surveys. Since that time ecstasy (1990), crack (1993) and poppers (1997) have been added. Opiates were listed between 1990 and 1992, and returned again in 1999. Although during this period the checklist has been extended by three drugs, there has always been an 'other drug' category for those who did not find a particular drug already on the checklist. Balding and his team who have produced these statistics feel

that the addition of the extra drugs has not inflated the percentages and cites the example of the introduction of 'poppers' to the list in 1997, when it immediately claimed third position (behind cannabis and amphetamines), but the survey recorded a lower overall drug experience than the previous year. (BALDING, 2000, p. 8)

Although the latest surveys involved children between the ages of 9 and 15 the tables below (Tables 2.2a/b) only show the results, since 1987 for boys and girls between the ages of 12 and 15.

Table 2.2a Experimentation with illegal drugs by males
Percentage saying they have experimented at least once. *1987-1998*

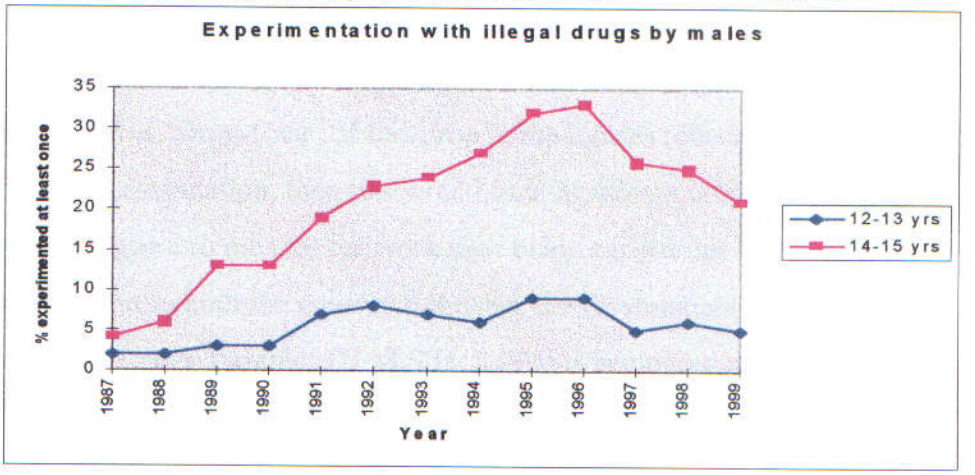
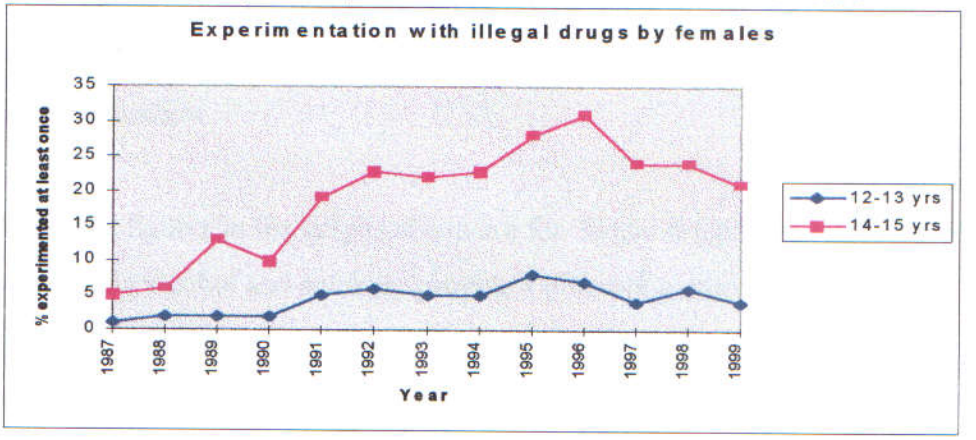


Table 2.2b Experimentation with illegal drugs by female
Percentage saying they have experimented at least once. *1987-1998*



Information for the above tables from SHEU (BALDING, 2000, p. 8)

In a previous report by Balding and Regis in 1998 they presented evidence that young people's reported personal experience of illegal drug use, which had been rising steadily since 1987, had shown signs of levelling off in 1997. Since the 1998 and 1999 data has become available they are confident that there has been a 'levelling off' and possibly even a 'downturn' in this age

group's experience of drugs. It must be remembered that the 'drugs' question asks if the young people have *ever tried* any of the drugs listed with the percentage reporting any experimentation shown in tables 2.1 and 2.2. Therefore the figures may not reflect current use by these young people.

On looking at these two sets of figures it would appear that drug experimentation has shown a general overall increase year-on-year since the unit started to collect drug use data in 1987. However, if the results for 12-13 and 14-15 year olds are tracked across the 13 years, it can be seen that there is an abrupt drop in the number of teenagers experimenting with illegal drugs from 1996 onwards. It is interesting to note that 1997 was the year that the Government created a senior co-ordinating officer for drug policy, the so called 'Drug-Czar'. If this drop in the figures reflects a real drop in drug experimentation, then this would be a significant achievement. This would suggest to me that the work now being carried out in many primary schools throughout the country following the Government white paper *Tackling Drugs Together* (H.M.S.O., 1995) is beginning to show signs of being effective. If the figures continue to fall then it would clearly indicate that providing specific drug education sessions in primary schools is beneficial. This would also provide evidence that, not only has the presentation of the programme been effective, but also that the programme itself has been effective, the argument I discussed at the beginning of this literature review.

While the figures in the graphs above are for 'illegal drugs', the information concerning alcohol and smoking provide a different picture. In the 1998 survey Balding discovered that the percentage of smokers has fluctuated since 1988 when he published findings suggesting that smoking levels were falling. However, this marked the beginning of an upward trend that still shows little sign of stopping, although since 1996 there has been a slight decrease in the figures. (BALDING, 1999, p. 7) In the same survey there was better news regarding alcohol where the percentage of 'drinkers' has shown an overall decrease. Balding believes that the data they have collected would suggest "that fewer young people are now drinking alcohol, but the drinkers are tending to drink more." (BALDING, 1999, p. 8) Obviously

surveys of this kind need to continue to show an overall decrease during the next few years before it can be safely recorded that the drug education being followed in both primary and secondary schools is having a desired affect.

Discussion of the Effectiveness of Teaching and Learning

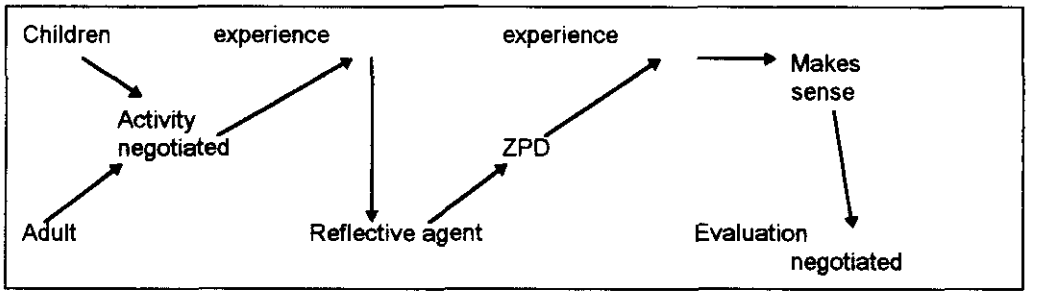
The various conceptual approaches to drug education as set out earlier in this chapter need to be thought about with reference to theories of learning. These need to be developed before further planning of the curriculum programmes of study for drug education can be produced. The theories of both learning and teaching need to be discussed in order that the curriculum programmes of study can be fully developed.

The assumption is often made that pupils learn at the same time as teachers teach, that it is a passive process of acquiring knowledge which produces predictable and measurable outcomes. According to Watkins effective learning can be promoted through:

- active learning
- collaborative learning
- learner responsibility, and
- learning about learning. (WATKINS, *et al.*, 1998, p. 5)

Watkins believes that it has become increasingly clear from the research on learning that learners are highly active in making meaning. This has been called a *constructivist* view of learning. The term indicates the *construction* of meaning which is at the centre of learning. Learners actively construct knowledge whether or not those around them are helping. Both peers and teachers play a crucial role in helping the learner make sense. However, only the pupils themselves can 'make sense', understand and learn. Pollard suggests that the role of an adult as a 'reflective agent' will help the children 'make sense' enabling them to cross the zone of proximal development. (POLLARD & BOURNE, 1994) See Figure 2.1.

Figure 2.1 A social-constructivist model of the teaching/learning process.
Pollard's (1994) elaboration of a model by Rowland (1987)



Note: ZPD = Zone of proximal development.

In looking at the different perspectives of Piaget, Vygotsky and Bruner there emerge several issues that show the fundamental differences between the *ideal* Plowden type teacher influenced by Piaget's cognitive theories and the *ideal* teacher based on the views of Bruner and Vygotsky. The Plowden type teacher as described by Simon (GALTON, *et al.*, 1980) believes that the child's involvement in active exploration in an individualised way is extremely important, while Bruner and Vygotsky both place the emphasis on social interaction which they see as central to the learning process. The children in the Plowden classroom study individually, reason independently and determine many of their learning outcomes in perhaps what some including Lunzer (MURPHY & MOON, 1989) would consider to be a very lonely and isolated way. The teacher has only a peripheral role to play in this scenario. Whereas, in the Bruner/Vygotsky classroom, the children would work through social interaction often in groups or as a whole class, working together. Here the teacher has a definite role to play.

Piaget portrayed the child as evolving through various stages with each stage providing progressively more complex capabilities. This account of a child's development was extremely influential and encouraged various forms of teaching. These were closely linked to individual differences in levels of development. It also encouraged as emphasis in facilitating cognitive development rather than transmitting information or instilling skills.

The approaches taken by the teachers at Silverwood, discussed earlier in this chapter, I believe are more compatible with that of Bruner and Vygotsky. The drug education programme at the school is presented through social

interaction, with the teacher playing an important role. According to the DFE,

> "drug education is best led by classroom teachers who have a clear understanding of the school's drug education programmes of study." (DFE, 1995c, p. 12)

The *'behavioural approach'* uses interactive teaching and role play as well as allowing the pupils to practice social strategies and resistance skills. It also helps pupils not only to identify but to resist pro-drug pressures. This is possible through using the *'resistance training' approach* and the *'information-based' approach* which includes the *'situational' approach*. The DFE suggests further that there is a place for

> "direct teacher input and the use of audio-visual material [which may be] supplemented by activities such as small group discussions; questionnaires; case study material; role play and other drama techniques". (DFE, 1995c, p. 13)

One of the methods used by the teachers involved in presenting the drug education programmes in the case-study school involves children working in small groups. The role of the teacher in these sessions is to:

- help facilitate discussions within these groups
- provide information
- encourage social interaction
- help pupils examine their values and attitudes to drugs and drug abuse

These are just some of the 'success criteria' I set out earlier based on the analysis of 'what works' as suggested by O'Connor.

Curriculum Models for Drug Education:

A number of models for including drug education in the curriculum have been suggested by the Department for Education and were adapted from the models for health education contained in *Curriculum Guidance 5: Health Education* (N.C.C., 1990) The four models are:

1. permeating the whole curriculum,

2. located in one or more designated National Curriculum subjects,
3. as part of a Personal, Social and Health Education programme,
4. as part of a pastoral or tutorial programme.

(DFE, 1995a, pp. 10-11)

It was decided to adopt the third curriculum model for 'drug education', where it is presented within the Personal, Social and Health Education curriculum of the school. This gives drug education an explicit place in the curriculum where it can be co-ordinated and taught throughout the school. In the DFE document it warns of the possibility that "teachers of other subjects are less likely to be committed to drug education." (DFE, 1995a, p. 11) However, as this is a primary school where the teachers are happy to teach this area of the curriculum, this has not been a problem. Another problematic area that the DFE pointed out was the possibility that the programme might be difficult to timetable. From school's opening there has been a place for Personal and Social Education on the timetable and it was expected that every teacher would teach this area of the curriculum. By placing drug education firmly within the PSHE curriculum it facilitates progression and continuity as well as allowing relevant knowledge, attitudes and skills gained in other curriculum areas to be supplemented and reinforced.

Due to the commitment of staff to the aims and ethos of the school, the programmes of study will be presented through social interaction with the teacher playing an significant role. Effective teaching also requires the teacher to give pupils opportunities to contribute and elaborate their own ideas. The teacher must also listen to what the pupils say and try to consider this from the pupils' perspective. It may also mean that the teacher needs to accept to some extent the value of each pupil's contribution and the relevance of the pupil's experience. This is particularly important when dealing with a subject like drug education where it is necessary to establish the level of the pupils, knowledge and experience before proceeding with any programme of study. In a report by the HMI on Personal and Social Education courses in some schools, the Inspectorate commented that the

best lessons could be characterised by those which included good interpersonal relationships. (HMI, 1988)

These thoughts tie in with one of the most important implications of Piaget's ideas for effective teaching, namely the notion of 'cognitive matching': the need to pitch the learning experience at the right level for each child. According to Kyriacou this has two aspects:

- the learning task needs to foster for the child an experience which can make useful links with what the child already knows, but which extends this knowledge and understanding further
- the learning task must take account of the level of biological maturation of the child's nervous system and not overreach the child's capacity for information processing (KYRIACOU, 1997, p. 30)

These two statements are related to the notion of 'readiness'. This means that the teacher needs to look for signs that the child is both ready and able to cope with the intellectual demands involved in a particular curriculum topic or activity. Although the staff dealing with this area of the curriculum will have to consider the learner's conceptual level (Piaget) when studying the content of the programme, they will also need to draw on the child's previous experiences which Bruner and Vygotsky stress are important. For Vygotsky, readiness involved not only the state of the child's existing knowledge but also his capacity to learn with help. At any stage of a child's development the teacher needs to know what 'prior knowledge' the child has in order to establish an appropriate starting point. This 'prior knowledge' can be achieved through the use of the 'draw and write' technique (WILLIAMS, *et al.*, 1989d), which is intended to reveal the level of knowledge as well as understanding of the area of drugs. Having ascertained their present knowledge, understanding and skills concerned with the area of study, the teacher can also build on any related or relevant knowledge and interests the pupils may have. O'Connor used precisely this method in the study of the three South-west London boroughs as discussed earlier in this review.

Bruner argued for a system of content selection whereby each aspect of the subject is gradually developed and extended by being met periodically within

the programme of study. By linking this periodic development with revision Bruner suggests that it would be particularly effective in allowing the structure of knowledge to be consolidated in the pupil's memory. Bruner called this arrangement, 'the spiral curriculum'. According to Williams,

> "health education is achieved most effectively when taught as part of an on-going progressive programme or spiral which is based on children's needs at different ages and stages." (WILLIAMS *et al.*, 1989d, p. 8)

This could also apply to drug education. The 'spiral' curriculum has to take account of children's changing perceptions and of the many other messages coming from the home, media, government and education bodies, and the local community. If teaching is to be effective it has to continue in a planned and progressive way, increasing in complexity and demands as the child matures and progresses. At different ages and stages the 'spiral' will include new knowledge and information and offer different perspectives, while at the same time continuing to build and expand on previous work.

Watkins believes the

> "intention of a spiral curriculum is to move from the simple to the complex, developing increased sophistication of language and application every time a theme is re-visited". (WATKINS *et al.*, 1998, p. 55)

The idea of the 'spiral' curriculum has been used by the County Advisory team in developing both 'drug education' and 'personal and social education' materials for schools to use within the County. I have used these materials to help develop the programmes of study relevant to the needs of the children at the case-study school.

Another important implication for effective teaching stems from the hierarchical and cumulative nature of cognitive development. This requires the teacher to structure curriculum activities in an order that makes intellectual sense in terms of the way knowledge is built up.

There is a third implication that stems from Piaget's view of the child as an active learner who is trying to construct an understanding of the world. This could be called a constructivist approach to learning. This approach emphasises that the pupils try to make sense of a new experience by relating it to what they already know and understand, rather than passively accept and absorb what they are told or what they experience. Although Glasersfeld's constructivist theory builds on Piaget, unlike Piaget, he gives teachers a definite role. Glasersfeld's view that the teacher should shape what knowledge the child has, in order to steer the child towards adult conceptualisation is consistent with the school's view. As stated previously Bruner and Vygotsky see these interactions as of great importance. Bruner recognised that

> " most learning in most settings is a communal activity, a sharing of the culture." (BRUNER, 1986, p. 127)

He goes on to say that not only must the child make his knowledge his own, but that he must make it his own in a community of those who share his sense of belonging to a culture. This places a tremendous responsibility on those who interact socially with the pupil. It is these interactions that help build the relationship between the pupil and the teacher, which in dealing with drug education is vitally important.

Bruner and Vygotsky rejected Piaget's theory of levels which limit the teachers expectations of their pupils. However, Vygotsky developed the idea of *zones of proximal development* to refer to the distance between the child's actual developmental level and the potential level of cognitive development that the child can achieve with help. This helps the teacher identify each child's potential. Vygotsky argues that an effective way to help a pupil is to direct their attention to the key features of the task and prompt them in ways that will facilitate their understanding. Bruner uses the metaphor of *scaffolding* to refer to Vygotsky's view of this type of support given by the teacher. The importance of *scaffolding* is that it is still the pupil that does the work. The teacher simply helps to direct the pupil's cognitive processes. (KYRIACOU, 1997) This could apply to all areas of learning, but I believe it

is particularly relevant to drug education. Having discovered the level of understanding and knowledge that each pupil has regarding drugs, it is the role of the teacher to help the pupils develop a greater understanding. This can be achieved by focusing the attention of the pupil on specific tasks that have been designed to do this.

Although Piaget, Bruner and Vygotsky all see the importance of activity in the learning process, within drug education, 'activities' will need to be carefully planned. The use of audio visual materials such as video programmes, role play, group/discussion activities, games and written work are recognised by Ofsted as a range of effective teaching strategies. (OFSTED, 1997) Yeomans in a paper that focused on collaborative work in both Britain and the USA also provided evidence for the effectiveness of collaborative group work as an approach to Personal and Social Education. (YEOMANS, 1983) Collaborative group work is a particular strength of the school and was commented on by the Ofsted inspection team when the school was inspected in November 1996. The approaches and activities would obviously be used at the discretion of the teacher who, with the relationship, knowledge of previous experiences and identity of each child's potential, would be in the best position to make the appropriate choices and decisions.

Methodology Literature

Evaluating Education and Curriculum Evaluation

There is now a considerable amount of literature on evaluating education and in particular curriculum evaluation. This literature discusses the relationship between educational research and evaluation. I believe that the evaluation of the curriculum in schools will only be effective if teachers are given the major responsibility for that evaluation. McCormick and James (McCORMICK & JAMES, 1983) argued that evaluations that identified curriculum changes would only come about if the sympathies and energies of teachers were engaged. In the light of the present action research project the evaluation part of the process cannot be viewed solely as a terminal activity. Chinapah

and Miron believed that the

> "potential contribution of evaluation to improving both the planning and execution of programmes and projects and to a better utilisation of resources ... is now well recognised." (CHINAPAH & MIRON, 1990, p. 25)

This I believe to be an essential element to this present study. As well as being summative it must also be formative. It must facilitate future planning, which will inevitably lead back to the beginning of the curriculum development programme for drug education. It will also lead to the identification of any modifications or changes that need to be made. This is the cyclic pattern of action research. This view is in agreement with Stenhouse who also believed that

> "the evaluation element is centrally concerned with gathering evidence which enables people to make judgements about the project in reflective or deliberative settings". (MURPHY & TORRANCE, 1987, p. 213)

Cohen and Manion also supported this view when they stated that

> "the principle justification for the use of action research in the context of the school is improvement of practice". (BELL, *et al.*, 1984b, p. 46)

One feature that I believe makes action research a very suitable procedure for work in school and the classroom is that it is flexible and adaptable. However, this kind of research requires a special relationship between myself as the researcher and those I work with and who will be putting the programme into action. It is essentially a collaborative activity. Elliott suggests that,

> "*educational* action research implies the study of curriculum structures, not from a position of detachment, but from one of a commitment to effect worthwhile change." (ELLIOTT, 1991, p. 55)

He goes on to argue that this should not be done in isolation. Therefore the research approach should be one that is open and participative involving collaboration with those members of staff with a vested interest.

When evaluating the *drug education* programmes of study throughout the school a variety of methods have to be adopted in line with the action research approach. Hopkins discusses his concerns about action research and prefers to talk about 'classroom research by teachers' rather than action research. (HOPKINS, 1985, p. 40) He advocates that this involves the development of a teacher's professional expertise and judgement. Although I agree with Hopkins on the need for this kind of development, I believe this particular study involves more than just developing professional expertise. Therefore the approach that will be taken in this research will be developed in a formative and democratic style. Hopkins again describes 'formative evaluation' as

> "evaluation conducted for the purpose of bringing about improvements in practice." (HOPKINS, 1989, p. 188)

One of the critical features of this evaluative approach is that its prime focus is on facilitating change. This seems to suggest a "one-off" procedure of evaluation followed by change, whereas the present research is about a continuous process through action research. Hopkins believes that

> "evaluation, which has an improvement perspective, provides a structure for teachers and others to subject a particular curriculum change to their own professional judgement and, in so doing, to improve the programme and make further plans for implementation."
> (HOPKINS, 1989, p. 3)

Cronbach clearly rejects the judgmental nature of evaluation advocating an approach that perceives the evaluator as

> "an educator whose success is to be judged by what others learn." (CRONBACH, 1980, p. 11)

Cronbach's interpretation is closely in keeping with Stenhouse's view when he argues against the separation of programme developer and evaluator and in favour of integrated curriculum research.

As Stenhouse said,

> "evaluation should, as it were, lead development and be integrated with it. Then the conceptual distinction between development and evaluation is destroyed and the two emerge as research." (STENHOUSE, 1975, p. 122)

Chinapah and Miron believe there are three different types of evaluation which can be specified according to the areas to which they ascribe themselves. A *process evaluation* is an evaluation which

> "assesses whether or not a programme or intervention has been implemented correctly and according to its guidelines."

While the *impact evaluation* is

> "designed to assess the impact a programme or intervention has had on its intended target group and objectives."
> (CHINAPAH & MIRON, 1990, p. 28)

The third type of evaluation which Chinapah and Miron clearly advocate is a *'holistic evaluation'*, which they believe should include both the process and impact type evaluations because they complement and support each other. This present research I believe clearly follows a *'holistic evaluation'*, in that I am not only seeking to assess whether the programme has been implemented but I am also concerned with assessing the impact the programme has had on the intended target, namely the pupils at Silverwood.

According to Elliott the democratic evaluator

> "collects, organises and disseminates data from a variety of sources." (ELLIOTT, 1991, p. 42)

He goes on to say that the evaluator does so as

> "a means of creating an informed and educative discourse which accommodates the views and perspectives of a variety of constituents." (ELLIOTT, 1991, p. 42)

I would agree with Elliott here as this present study will accommodate the views and perspectives of those involved which allows me to develop an informed and educative discourse. These views and perspectives will be collected from a variety of sources using a variety of methods. The data gathered, when analysed will produce evidence that can be disseminated to the appropriate people.

Chapter Three

Methodology

Chapter 3 - Methodology

Overall Approach to the Study

As this is an action research project this is obviously the over-arching methodology and is the organising principle for the design of the other aspects of the methods used. It is therefore essential to fully understand what is meant by action research and the philosophy underlying this choice of approach in relation to what is being studied. This present study involves both qualitative and quantitative methods.

The Distinctions Between Quantitative and Qualitative Research

The distinction between qualitative and quantitative approaches can be expressed relatively simply. Quantification involves measuring using a numerical basis, whereas a qualitative approach, by contrast, emphasises meaning, experiences, descriptions etc. Quantitative research usually employs structured forms of data, whereas qualitative research typically deals with verbal descriptions in natural language. Much educational research combines qualitative and quantitative methods in various ways and to varying degrees. It has been argued that qualitative and quantitative approaches represent contrasting forms of educational research and therefore should not be combined. Smith and Heshusius (SMITH & HESHUSIUS, 1986) for example claim that quantitative and qualitative approaches are fundamentally at odds with one another. I would disagree with this claim. By using both approaches the data collected and subsequently analysed will provide a fuller, more detailed picture of the project. In my research I have focussed on the natural setting of the school. I am concerned with the meanings, perspectives and understandings of the drug education programme while also looking very closely at the processes involved in delivering that programme. These features can be found in most forms of qualitative research. The involvement of quantitative research is confined to the design and use of standardised research instruments, such as questionnaires, attitude surveys and group nominal techniques, to collect numerical data.

There are two overarching criteria in terms of which educational research, both quantitative and qualitative, should be assessed: validity and relevance.

Validity

In the context of research 'validity' means truth: the extent to which an account accurately represents the phenomena to which it refers. One problem arises from the belief that 'truth' implies the possession of knowledge that is absolutely certain, proven beyond all possible doubt. However truth can never be certain. Critics point out that in deciding the validity of a claim there has to be a reliance on presuppositions whose own validity must be taken for granted. Another source of problems with 'truth' arises from the belief about the nature of human social life.

The only basis available, providing validity is a feasible and legitimate criterion to assess educational research, is judgements of the likelihood of error. There are three steps in assessing the validity of research claims:

1 how *plausible* is the claim

2 is the researcher's judgement of matters relating to the claim accurate *(credibility)*

3 examine the evidence – judging its plausibility and credibility.

It can be argued, however that plausibility and credibility are a relatively weak basis for judging the validity of claims compared to the idea that claims can be assessed directly according to their correspondence with reality.

There are two types of validity. Internal validity which affects the certainty that the research results can be accepted based on the design of the study and external validity which is concerned with the generalisation of results beyond the study. I believe I have addressed the internal validity by being honest and unobtrusive with all those involved in this research. By involving them in all phases of the process and by being present myself throughout the whole procedure I would argue that all aspects of internal validity have been covered. As far as external validity is concerned there is no guarantee that the data obtained from the staff, pupils and parents are representative of those groups in similar schools and situations. Therefore the issue of external

validity can only be addressed by longer term judgements of whether the findings would perhaps be applicable in other situations and other schools.

Relevance

The research findings must not only be valid but must also be relevant to issues of public concern if they are to be of any value. The research topic must relate to an issue of importance to the intended audience and the research findings must add something to the knowledge of the issue to which they relate. My own research is about the effectiveness of the drug education programmes of study which I believe are important, firstly to the staff who have to deliver those programmes, secondly to the pupils who will receive those programmes and thirdly to the parents who need to be assured that the delivery of these programmes is as effective as is possible.

Reliability

Reliability is concerned with demonstrating that a particular activity could be repeated again with the same group members and obtain the same results. At every stage of this research the question of reliability must be addressed. For example, MacPhail believes that the

> "reliability of the responses given in a nominal group technique can be assessed ... by obtaining the completed notes of items ... and cross referencing them with the items that had been voiced." (MACPHAIL, 2001, p. 168)

When conducting my own nominal group technique with the staff, as discussed elsewhere in this dissertation, I was able to collect the notes made by the staff in order to cross reference them with the items that had been expressed verbally.

The Relationship Between Research, Practice and Educational Theory

Often advocates of progressivism or traditionalism see the relationship between educational theory and practice as practice acting out of a theory. This is often referred to as the *engineering model* involving the relationship between research and practice. In this model, research has to find the most effective and efficient means of achieving educational goals. The opposite of

the view that theory controls practice is the rejection of theory and research on the grounds that it does not deal with the most problematic situations. With often conflicting advice practitioners have to rely on practical experience. However, both these views seem less than satisfactory. The first can lead to dogmatism with the possibility of failure leading to frustration, while in the second view the theoretical principles are largely ignored.

In recent years there has been a revival of the influences of Aristotle on ideas about theory and practice. Aristotle emphasises the essential role of judgement in all practical activities. Situations must be assessed in terms of goals and values, but these must also be looked at in the light of the experiences of those situations. Ideas about educational goals are not as consensual as the engineering model might imply and they should not be solely based on the considerations of effectiveness and efficiency. These thoughts often lead to the rejection of the engineering model, where knowledge from research provides ideas intended to be a useful resource for practitioners rather then involving solutions to their problems.

Methodology Literature

Action Research

There are a great number of definitions of action research that emphasise different aspects which particular authors believe are important. Kemmis and McTaggart believed that linking the terms action and research highlighted the essential feature of the method, but also saw the importance of

> "trying out ideas in practice as a means of improvement
> and as a means of increasing knowledge."
> (KEMMIS & McTAGGART, 1981, p. 12)

Here the emphasis is on action and is clearly supported by Elliott in his statement that

> "the fundamental aim of action research is to improve
> practice rather than to produce knowledge."
> (ELLIOTT, 1991, p. 49)

If as I believe there is the need to improve the effectiveness of the drug education programme, the need to improve the practice has to be one of the major aims of this action research project. Elliott also believes that improving practice

> "involves jointly considering the quality of both outcomes and processes."
> (ELLIOTT, 1991, p. 50)

This joint reflection of both outcome and process is also a central characteristic of what Schon called *reflective practice* and which others and Elliott would call *action research*. Elliott also believes that you cannot separate the research process from the process of evaluating teaching. He maintains that

> "evaluation is an integral component of action research."
> (ELLIOTT, 1991, p. 54)

This has a direct bearing on the present research with particular reference to the main research question of *how effective is the drug education programme in the school?* In order to answer the question there has to be a critical evaluation of how effective the programme has been. This process then feeds into further developments in the curriculum programme. The development of the curriculum programme must not be seen in isolation as an activity which occurs prior to teaching, but as part of the continuing process of the "reflective practice" of teaching that occurs through action research. Elliott states that

> "action research integrates teaching and teacher development, curriculum development and evaluation, research and philosophical reflection, into a unified conception of a reflective educational practice."
> (ELLIOTT, 1991, p. 54)

All the aspects mentioned by Elliott are included in this present study of the drug education programme in the school.

However Elliott is at odds with Kemmis and McTaggart over the element of knowledge. Elliott distinguishes between improving practice and producing knowledge. Perhaps the apparent difference between these two schools of thought is in the use and understanding of the word *knowledge*. Bassey's definition might help here. He says that

> "knowledge means understandings about events and things and processes; it includes descriptions, explanations, interpretations, value orientations, as well as knowledge of how these can be arrived at..." (BASSEY, 1995, p. 3)

I believe the whole point of researching is to find out something that is not already known and therefore all research will contribute some form of knowledge.

Elliott has defined action research as

> "the study of a social situation with a view to improving the quality of action within it". (ELLIOTT, 1991, p. 69)

It is this idea of improving the quality of action that is important to the present study. Action research offers the teacher or practitioner the possibility of becoming the producer as well as the consumer of curriculum inquiry.

McKernan believes that

> "it is a practice in which no distinction is made between the practice being researched and the process of researching it." (McKERNAN, 1991, p. 3)

Elliott also believes that one of the key characteristics of action research is that it unifies activities often regarded as quite distinct. He suggests that

> "such activities as teaching, educational research, curriculum development and evaluation are all integral aspects of an action-research process."
> (ELLIOTT, 1991, p. 49)

These aspects are included in this pilot study of the drug education programme in the school. In using the nominal group technique at the start of the pilot study I am hoping to gain an understanding of the 'value orientations' (see Bassey's definition of knowledge on page 65) of the staff. The 'draw and write' technique used with the children will produce an evaluation of the children's knowledge and understanding of drugs. This acquired 'knowledge' can then be used to develop new programmes of study for the staff to use with the children. These programmes of study will then be 'tried out in practice' and will be subjected to observational research providing further 'knowledge', which can then be analysed leading to further improvements in the programmes of study and the way in which they are carried out. As I have already pointed out it is not only the improvement of the programmes of study, but also the improvement of the quality of action that is essential to this project.

Action research does not involve the use of a particular set of research techniques. What is central to the action research approach is a self-reflecting spiral of cycles of planning, acting, observing, and reflecting. Action research provides a rather different view of the proper relationship between theory and practice, departing in important respects from both the engineering and the enlightenment models. Action research is often suggested as a solution to the problem of the relation between research and practice because the theory is directly related to the work of the practitioner.

In education, action research has been employed in school-based curriculum development, professional development, school improvement programmes, a systems planning and policy development. In the present study it is being used to look at a school-based curriculum development programme.

Lewin emphasised the value of involving participants in every phase of the action research process. However, many researchers today would criticise Lewin's formulation of the nature of action research. They would regard group decision-making as important as a matter of principle rather than a matter of technique. In the present research I have ensured that every

member of staff has been involved not only in the delivery of the drug education programmes of study but also in decisions surrounding the whole concept of drug education in the primary school. One of the fundamental principles on which the school operates is that all staff should be involved in decisions regarding the curriculum. The use of the nominal group technique in this study illustrates this principle. Today's researchers would also object to the language Lewin used to describe the theoretical aims and methods of social change regarding it as belonging to positivistic science, which is compatible with the aims and methods of an adequate and coherent view of social science especially educational science.

The Object of Action Research

According to Kemmis the

> "objects of educational action research are educational practices." (HAMMERSLEY, 1993, p. 182)

Practice, as it is understood by action researchers, is informed, committed action: *praxis*. Praxis has its roots in the commitment of the practitioner to wise and prudent action in a practical situation. It is action informed by a "practical theory". It is only practitioners who can research their own practice according to Kemmis. However, this invites the question as to whether the practitioner can understand the 'practice' in an undistorted way. There is the possibility that the understandings reached will be biased and idiosyncratic or 'subjective', or systematically distorted by ideology. Phillips points out that

> "a view that is objective is one that has been opened up to scrutiny, to vigorous examination, to challenge". (PHILLIPS, 1993, p. 66)

Therefore to avoid undue subjectivity and ensure a certain degree of objectivity in my research I shall enlist two 'critical friends' who will be able to examine my work for any bias or distortion.

Other Studies of 'Drug Education Programmes'

Over the last ten years there have been many research projects evaluating the effectiveness of various drug education programmes both in the United

States of America as well as in the United Kingdom. Drug education programmes such as *DARE* (Drug Abuse Resistance Education) and *Project Charlie* (Chemical Abuse Resolution Lies in Education) that were developed in the USA have also been introduced and used here in this country. These two programmes in particular have been evaluated for their effectiveness both here and in the USA. I shall be discussing these, as well as other studies that I believe are relevant to the present work. These include a study produced by Paxton (PAXTON, *et al.*, 1998), one produced by O'Connor (O'CONNOR *et al.*, 1997) and two studies from the USA by Shope (SHOPE, *et al.*, 1996; SHOPE, *et al.*, 1998). In this section of the report I shall therefore be examining the methodology used in these various studies and comparing the similarities and differences with my own study. The following are the list of studies that I shall be examining:-

- *Drug education in primary schools: putting what we know into practice* (PAXTON, *et al.*, 1998)
- *The Effectiveness of Drug Abuse Resistance Education (Project DARE): 5-Year Follow-up Results* (CLAYTON, *et al.*, 1996)
- *Don't say "No", say "DARE"?* (WHELAN & CULVER, 1997)
- *Young people, drugs and drugs education: missed opportunities* (O'CONNOR *et al.*, 1997)
- *Project Charlie: an evaluation of a life skills drug education programme for primary schools* (McGURK & HURRY, 1995)
- *A Follow-up Evaluation of Project Charlie: A life skills drug education programme for primary schools* (HURRY & LLOYD, 1997)

I will start by looking at the study of Northumberland Drug Education Project produced by Paxton in 1998. (PAXTON *et al.*, 1998) Members of the project team were drawn from local health and education services in Northumberland, and funded by the Northumberland Health Authority. The project, like the present study, focussed on Year 5 children (aged 9 - 10). Educational methods and needs assessment and evaluation measures were developed with five schools, and then standardised methods and instruments were used with a further eighteen schools.

A total of 1,428 pupils in the eighteen middle schools and 185 teachers were involved. Questionnaire data was obtained from 1,442 parents. Although the age of the children being studied is the same, one very obvious difference is the scale and size of the project. Having said that, similar educational methods to those I have used, including the 'draw and write' technique were used to establish the position of the children prior to the programme of study being given. Paxton however, reduces the seven questions used by Williams (WILLIAMS *et al.*, 1989d) to six. (See page 95 for the complete set of questions.) Instead of asking the question, "who, do you think, lost the bag?" Paxton prefers to ask "where do you think the bag of drugs came from?". He omits the question about what the children think the person was going to do with the bag they had lost. In my study I have kept to the original questions as used by Williams as I felt I would then be able to compare my results with the original findings as well as the findings from O'Connor who also uses the same original questions in her study of schools across Merton, Sutton and Wandsworth.

In the Paxton study, the needs and concerns of Year 5 pupils, their teachers and parents were assessed in each participating school, while brief questionnaires were used for teachers and parents which focused on perceived confidence in teaching or talking about drug issues, particular concerns regarding drugs, current level of relevant knowledge, beliefs and attitudes regarding why young people take drugs, and what they wanted to obtain from the project. Instead of using questionnaires for teachers and parents, I decided that I would use notes taken during discussions with staff meetings which included the Nominal Group Technique to determine the collective view of the staff on the value of drug education in the primary school. I have also used semi-structured interviews for both staff and parents of those involved in the study, which focuses on the values and attitudes of those involved. During my interviews with the staff I, like Paxton, asked similar questions concerning their confidence in teaching and talking about drug issues. He also asked questions regarding their level of relevant knowledge of drugs and their thoughts about why young people take drugs.

A 'before and after' research design was used, with data collected from teachers, pupils and parents. Evaluation of the pupil intervention was carried out by teachers asking their class which programme elements were most useful and enjoyable, and recording the numbers of responses. I decided to gather information about which elements of the programmes of study or sessions were useful and/or enjoyable by using a pupil questionnaire at the end of the sessions. I also gathered further data from group discussions using a small number of pupils following their questionnaire responses. In Paxton's project the researchers met with teachers, collated responses from the pupils' evaluation and obtained evaluation information on the teaching sessions from the teachers. This latter information was obtained from a brief structured interview, concentrating on: confidence in teaching drug education; the overall usefulness of the programme; and satisfaction with the individual programme elements. The performance of participating schools in maintaining and further developing the methods taught was assessed by means of questionnaires sent one year after their involvement. As this present work is an action research study the process of assessing the continuing performance in maintaining and further developing the content of the curriculum programme and the methods taught is inherent in the very nature of the study. Following a year long 'pilot study', the main study of my project, covering approximately 15 months, could be likened to the follow-up Paxton engaged in one year after their involvement in his original study.

The DARE curriculum first appeared in 1983 from a collaboration between the Los Angeles Police Department and the Los Angeles Unified School District. The core curriculum is delivered by a DARE Officer to fifth and sixth grade students and includes one lesson per week for 17 consecutive weeks. (See Appendix H for a break down of the lessons.) The DARE Program requires that a certified teacher be present and help supplement classroom activities. A wide range of teaching techniques are used, including question and answer, group discussion, role-play and workbook exercises. In addition to presenting the core curriculum, DARE officers visit the kindergarten through fourth grade classes at the schools. These visits focus on child safety and prevention issues. Students are alerted to the potential

dangers in the misuse of drugs, medicine and other substances. There is a recognition of the need to help students at this level develop an awareness that alcohol and tobacco are also drugs. Four DARE sessions are held for grades K-2 and five sessions are held in 3rd and 4th grades. A comprehensive program within the schools offers such educational activities as the following to heighten awareness and knowledge about alcohol, and other drug dependencies:

- planning and implementation of the school behaviour code that includes guidelines concerning the possession or use of tobacco, alcohol, and other drugs,
- faculty in-service training,
- parent education, including a DARE evening for parents,
- instruction by DARE officer in target classrooms,
- talk shops, interest groups, and other groups for identified and referred high-risk students,
- parent outreach and support. (DARE, 2000, online)

According to Clayton

> "DARE is the most widely disseminated school-based prevention program in the United States... being delivered in about 50% of school districts".
> (CLAYTON *et al.*, 1996)

The study by Clayton was the result of a 5-year longitudinal evaluation of the effectiveness of this school-based primary drug prevention curriculum, which was designed to be introduced during the last year of elementary education. This study began in September 1987 with a 1987-1988 6th grade (11 - 12 year olds) cohort. The study involved a comparison of two types of prevention interventions (i.e. DARE program versus another type of intervention). Students in both the 'treatment' and 'comparison' schools completed a 154-item questionnaire prior to receiving the program in their respective schools. Post-tests were administered approximately 4 months after pre-test, shortly after the completion of the program, and each

subsequent year through the final data collection effort when most pupils were in the 10th grade.

Several evaluations of the DARE program have also been conducted following the introduction of the scheme in various parts of this country. One such 'outcome evaluation'(WHELAN & CULVER, 1997) took place between September 1995 and November 1996 involving 100 Year 6 pupils (10 - 11 year olds) from a Mansfield Middle School. These pupils received a DARE curriculum for one hour a week over a 17 week period, delivered within the classroom by a uniformed police officer. A comprehensive range of research methods was used in the evaluation to develop a picture of how DARE impacted on its recipients.

The research comprised four components:

- short term pre and post intervention structures draw and write questionnaire, administered to all subjects
- structures attitude questionnaire completed four months after receiving DARE, administered to all subjects
- single gender focused group discussions which explored the repertoire of drug refusal skills maintained by the cohort, five months after the end of the DARE curriculum, in which all of the cohort participated
- individual interviews which clarified and further explored issues raised within the previous components of the research. A stratified sample of 12 of the cohort participated in this part of the research (WHELAN & CULVER, 1997, p. 1)

In order to gain a measure of the 'effectiveness' of DARE, both the American and British studies utilised the same criteria as a benchmark against which judgements could be made. Here again there are similarities and differences in the methods used in this research with my own. I am using the 'draw and write' technique to ascertain the level of the pupil's knowledge of drug and drug awareness. I am also using several attitude questionnaires to gain an understanding of the children's views and perceptions. However, in many of the research projects I have been studying the questions include the

students involvement in taking drugs whether it is smoking, alcohol or other illegal substances. This is an area of research that I am not covering.

The research methods used by O'Connor (O'CONNOR *et al.*, 1997) in her collaborative project are similar in many respects to those I have used in my study, although it is true to say her project covered a wider age range of children (4 to 18 year olds) and a larger number of participants (approximately 4,500 primary and secondary children from Merton, Sutton and Wandsworth boroughs of South-west London). The objective of the research was to provide a comprehensive analysis of substance activity and the perceived impact of school-based drug education for a range of critical populations. The research methods used involved in-depth interviews of a number of key professional figures in the field, a series of group discussions with some of the young people taking part in the study, a survey of representatives from the participating schools and analysis of seminars with participating bodies at the initial dissemination of the results. Again the 'draw and write' technique was used to provide a means to gauge the level of primary school children's knowledge and perceptions without 'priming' them. A questionnaire was designed to investigate a number of issues surrounding personal experience, attitudes and knowledge in secondary school pupils in the three boroughs. Semi-structured interviews were designed to provide a forum for local experts in the field to contribute to the model of drug education and to assist in identifying an effective drug education strategy. The study also used group discussions with young people which were conducted in two phases. The first was to assess the general range of drug-related issues in a group context, while the second phase was used as a reflexive qualitative instrument. According to O'Connor

> "this provided an alternative perspective to the interpretation of quantitative results and increased the comprehensiveness of the research methodology essential in an applied investigation aimed at influencing future developments in this field."
> (O'CONNOR *et al.*, 1997, p. 25)

A similar rationale and interpretative technique was employed with the seminar groups involved in the preliminary dissemination of the data. Finally teachers from the participating schools completed a questionnaire, which attempted to relate the implementation of school-based drugs incidents and drug education policies to the teacher's own experience. O'Connor believes that the

> "consultative process towards developing a participative framework for drugs education in schools should incorporate those who are at the front line of this process". (O'CONNOR *et al.*, 1997, p. 25)

Project Charlie is another drug prevention programme for primary school children developed in the United States. Like similar programmes it seeks to reduce drug abuse by improving children's decision-making skills, their ability to resist peer pressure, and their self-esteem and to increase their knowledge of the harm that drugs do.

In 1990, a Hackney primary school adopted the programme, which was taught by a Project Charlie teacher, trained in America. The programme was used in another Hackney school in September 1991 and a further school in February 1992. The need for an evaluation was identified after the first two schools had already started implementing the programme, but before the third school had started. This evaluation was carried out by McGurk and Hurry in 1995. As the Project Charlie children were in their last year of primary school, there was also the opportunity to produce a follow up evaluation in the spring of the following year after they had finished receiving the programme. The staff involved, including the head teachers of the three schools, were asked to complete a questionnaire designed to assess their reactions to the programme. Additional information was gained through meetings and informal conversations.

A follow-up evaluation was carried out by Hurry and Lloyd in 1996. (HURRY & LLOYD, 1997) This study targeted only those children in the original evaluation who were at least 13 ½ years of age at the follow-up in

1996. Five measures were adapted from those used in the original evaluation:-

- self report questionnaire on drug use (tobacco, alcohol and illegal drugs)
- drug attitude questionnaire
- a drug knowledge quiz
- measure of decision making skills, using a similar technique to the measure used in the original study
- peer pressure resistance. As in the original study, a measure of peer pressure is incorporated in the test of decision making. (This was an adaptation of the Alternatives and Consequences test, designed by Ahlgren and Merrick, 1984.)

Although I am not in a position to do a follow-up evaluation over a longer period of time, I am able, however, to use similar methods of evaluation to those used by Hurry and Lloyd. Both Years 5 and 6 will be asked to complete several drug attitude surveys connected to alcohol and smoking and a questionnaire regarding not only their knowledge but their views on the sessions they will receive.

The Scale and Scope of the Study

In the original proposal it was intended to study the effectiveness of the programmes of study in the area of Personal and Social Education and in particular 'drug education' would be critically evaluated in the context of Silverwood Primary School. However, due to the time scale of the pilot study, a narrower focus was required. It was felt that concentrating on the two year groups of Year 5 and 6 would be more appropriate. I was teaching the Year 6 class at the time of the pilot study, but have since changed year group and am now teaching Year 5. The two year groups worked closely together and were easily accessible when observations were required and when the children answered the questionnaires. Staff have changed since the pilot study and although there is less working together with the two year groups I have maintained close contact with both classes. The number of children from both year groups involved in this study is shown in Chapter 1

(Table 1.1.) Both the Year 5 and 6 classes will be involved in: the 'draw and write' activity; the pupils questionnaire; classroom observations; group interviews (small number of pupils); and the attitude surveys. They will be observed during the two stages of this study by myself and the Head Teacher. As I was in teaching the Year 6 class during the pilot study and the two Year 5 groups during the main part of the study, I involved the Head Teacher in the classroom observations. All the children throughout the period of the two stages will complete the pupil questionnaire, the initial 'draw and write' activity, which is given to the children at the beginning of the series of lessons and the attitude surveys again dealt with during the lessons. All the children involved from both year groups will be given the opportunity to join a group interview when further comments and discussion can take place.

Methods and Justifications

The central task of the study is to evaluate the effectiveness of the drug education programme within the school. It is therefore essential that the methods used in this study must be in line with the overall approach to this action research project. The methods used in this research project have been set out (see Table 3.1.) with an indication as to when they have been used and in the order that they will appear in each relevant section of this dissertation.

Table 3.1 A chart showing the methods used in this research project

Methods of research used in each stage of the study	**Pilot Study**	**Main Study**
Nominal Group Technique	✓	✓
'Draw and Write' Activity	✓	✓
Semi-structured Interviews	✓	✓
Pupil Questionnaire 1	✓	×
Pupil Questionnaire 2	×	✓
Classroom Observation	✓	✓
Group Interviews	✓	✓
Attitude Surveys	✓	✓

In the following pages I shall be discussing the various research methods as shown in the table above. These will be presented in the same order both in this chapter and throughout the dissertation.

Nominal Group Technique

Nominal group technique is an interview technique where those involved work in the presence of each other but write their ideas independently rather than discussing them verbally. MacPhail believes there are a number of advantages in comparison to other group interview methods. These include:

- participation is balanced among group members
- there is no need for respondent validation of the data as the members of the group have themselves weighted the importance of statements
- the researcher's confidence in undertaking such a process is likely to be increased by avoiding the distractions of note-taking and tape-recording typical in other group interview formats. (MACPHAIL, 2001, p. 162)

As you will see from the chart above, the nominal group technique is being used at the beginning of both stages of the study. Originally I was not intending to repeat this technique, but I felt it was necessary due to a significant change in the staffing at the school at the beginning of the main study. The technique is designed to receive input from all members of the group, and avoids the potential dominance of the interview by more vocal members. It is primarily designed to give a group view or consensus of particular issues; in this case the value of drug education in the primary school. By involving the whole staff in this exercise I believed it would generate a positive attitude towards this aspect of the curriculum and also help the staff to feel that they were contributing to creating the ethos for working in this area. It was important to ensure that their views were taken into consideration when drawing up the medium term plans that they would be asked to present to the children. By inviting all the staff to be included in this exercise it would hopefully eliminate any bias and prevent a single person, such as myself as curriculum co-ordinator for PSHE, imposing their own values. It will produce a group or staff view of the value of teaching drug education in the primary school and will provide data to help answer the first supporting research question: *What are the values and attitudes of those involved in this project, in relation to drugs and drug education?*

A nominal group has been defined as

> "a group in which individuals work in the presence of others but do not verbally interact." (ZASTROW & NAVARRE, 1977, p. 113)

O'Neil (O'NEIL, 1981) explains that the use of the prefix 'nominal' refers to a non-reacting group, i.e. a group in name only, while Lloyd Jones reiterates this point by explaining that "it [nominal group technique] ... minimises the influences of the researcher, and of group dynamics" (LLOYD JONES, *et al.*, 1999, p. 8)

Prior to this present study there had been complete agreement amongst the staff about including drug education in the Personal, Social and Health Education curriculum. I therefore felt that it was unnecessary to include the negative characteristics of teaching drug education. So the staff were asked to consider only the positive aspects of including drug education in the curriculum. This obviously produced a rather unbalanced result in respect of looking at the staff's views on the pros and cons of this question. However the staff agreed that the negative point of view would not be helpful at the start of the new academic year.

According to MacPhail differences of opinion have been expressed about the role of the group leader. In this present study the group leader is also the researcher. O'Neil (O'NEIL, 1981) and O'Neil and Jackson (O'NEIL & JACKSON, 1983) suggest that the leader should not contribute to the master list items reasoning that the leader should be a neutral receiver of group ideas. However, Delbecq, (DELBECQ, *et al.*, 1975) who originally introduced the technique in 1971, and colleagues believed that the leader should contribute to the master list. The discussion of results is another area of contention. Zastrow and Navarre (1977) briefly discussed their results with members of the group, as did O'Neil (1981) and O'Neil and Jackson (1983), while Delbecq *et al.*, (1975) make no reference to discussion after the results have been obtained.

As leader of the group and a member of staff who would be involved in teaching the drug education programmes of study, I believed that my own views needed to be included in the group process. Due to the very nature of the technique my own views would not dominate. I also felt that it was important to discuss with the staff the results at the end of the process before beginning the task of developing the programmes of study.

Nominal group technique combines qualitative and quantitative components, allowing the researcher to improve the accuracy of conclusions. The quantitative data (rankings) from the nominal group technique format will allow me, as researcher, to assess the strength that the statements (qualitative data) have in staff's response to the specific research question regarding the value of drug education in the primary school.

'Draw and Write' Activity

This activity was first used by Williams (WILLIAMS *et al.*, 1989d) in primary schools of Nottingham and Hampshire in the Autumn 1986. The main purpose of the investigation was to discover children's knowledge, changing perceptions and understanding about health issues. This technique has been used in a variety of settings and as a stand-alone task or as part of a wider set of research methods. It has been used by many teachers, as well as researchers to discover the level of knowledge and understanding about a variety of subject matter, including the world of drugs.

In an appraisal of this method Backett-Milburn and McKie have considerable reservations about the value of this approach. They are concerned that it is

> "an essentially qualitative method which is being deployed
> in order to provide quantifiable information."
> (BACKETT-MILBURN & McKIE, 1999, p. 393)

They go on to point out that its origins in health promotion were essentially quantitative since, it was the main methodological instrument of a large-scale survey of primary school children's 'concerns, views and attitudes' about health and keeping healthy. In the original analysis of the survey data the

drawings themselves were not analysed but seem to have been used for illustrative purposes. Williams stated that

> "the invitation to draw was seen to provide children with a platform for producing a written label or statement to accompany the picture. Only the written statements were coded". (WILLIAMS *et al.*, 1989c, p. 15)

Backett-Milburn and McKie believe that many researchers since have worked with the drawings as well as the statements but have usually simply quantified the overt pictorial content. Even the originators of the technique were cautious about what they described as 'the difficulties involved in the investigation'. These included:

- whether or not children would draw what they found easy to depict;
- whether recent lessons or experience would affect what was depicted;
- and whether the content of the children's drawings would be affected by their friends' proximity or a desire to please their teachers.

However, such issues could be consider as sources of bias which could be remedied by careful instructions to the teachers about the practicalities of administering the research. Again according to Backett-Milburn and McKie the

> "representations produced using this technique have usually been treated not as indicators of the child's inner world or experiences but as factual demonstrations of children's knowledge and beliefs about aspects of health and illness."
> (BACKETT-MILBURN & McKIE, 1999, p. 394)

One very important factor in deciding to use the draw and write technique in drug education within the school was that the majority of the staff were familiar with the process. They had already used similar material in other areas of the PSHE curriculum.

In spite of the concerns expressed above I have decided to use the technique not only for the staff to find out their children's level of understanding and

therefore the starting point for the rest of the sessions, but also for my research to provide evidence that can be compared with the findings reported by other researchers studying the same area. By telling a story of a child who on the way home from school finds a bag which contains 'drugs', the children firstly are able to identify with that child and will provide answers related to their developmental stage of understanding and knowledge. The original study sought to discover the following:

- children's understanding of the term 'drug' and its meaning for them at different ages and stages
- their changing perception of what a drug is for and possible different categories of drug use
- their understanding of the kind of people who might be involved in the world of drugs
- their understanding of when a drug can be useful or harmful
- their perception of their own possible actions in a situation involving drugs
- the language children use to describe drugs and the world of drugs
- the key messages coming from the children, which would feed into a spiral of the world of drugs based on their knowledge, perceptions and understanding at different ages and stages.

  (WILLIAMS *et al.*, 1989d, p. 72)

This method can be used on all ages of children from the early years children (aged 4-5) to pupils in secondary school. Therefore it is an ideal way of gaining a lot of information. It is also easy to administer within a normal session with the children initially listening to a story and then by drawing pictures and/or writing responding to the questions asked. It also has the advantage of being well used and so comparisons can be made when the data gathered is analysed. Further discussions about the findings from this study and other related studies can be found in later chapters of this present study.

Semi-structured Interviews

The use of interviews within this project has been carefully considered and chosen as an appropriate data gathering technique for this present study. It was decided that semi-structured interviews would be the most appropriate type of interview, as this allows the respondents to express themselves at some length but offers enough structure to prevent aimless discussion. I believe these interviews will provide evidence of the values and attitudes of those involved. It will also provide evidence about the experiences and perceptions of all those that are interviewed. The values, attitudes, experiences and perceptions are the issues presented in the two research questions found at the beginning of this dissertation:-

- *What are the values and attitudes of those involved in this project, in relation to drugs and drug education?*
- *What are the experiences and perceptions of those involved including pupils, teachers, parents and governors?*

These semi-structured interviews will be used throughout the study for staff, governors and parents. There will obviously be different schedules for the different groups of people, although the Governors that have been involved are both parents and I will therefore use the parental schedule for them with several further questions in their position as a governor of the school. (See Appendix C 1&2, for the interview schedules for both 'parents and governors' and 'staff'.)

The interviews involving the staff will need to take place during the early stages of the pilot study, as well as during or towards the end of the main study. There have been staff changes during the period of this project and therefore the new staff involved will need to be included whenever it is convenient during the main part of this work. Those involved are the Head, two senior managers (the second replacing the first in September 1998) and a supply teacher, who covers my class for two days a week and has been involved with the presentation of the drug education programme during the

last three years. The views of the other staff have been taken into account through the use of the nominal group technique discussed earlier in this chapter.

The sample of parents and governors is a very small group and has been chosen by availability and willingness to take part. All the parents of the Years 5 and 6 classes for both stages of the study were asked if they would be willing to be interviewed. Very few parents came forward and therefore the number of interviews is very small, numbering 12 altogether. Included in this group of parents were two governors, who were willing to be interviewed as both parent and governor. The interviews were conducted over the full period of this study at times convenient to both parent and myself. (See Appendix C1 for interview schedule.)

The nature of this type of semi-structured interview allows a certain amount of flexibility in questioning and answering. It enables the interviewer to follow up on things that have been said and also allows the respondent the opportunity to talk more openly. To ensure a degree of methodological validity, the interviews will be carried out in a face to face manner which will be relaxed and comfortable for both parties. The questions will be open ended and the respondents will be encouraged to answer as fully as they can all questions. Obviously as researcher and interviewer, familiarity with the subject can be assured and a consistency in interviewing technique will be maintained. All interviews will be scribed during the interview rather than tape recorded, then written up and given to the respondent for their approval as to the accuracy of the interview and to give them the opportunity to correct any inaccuracies, or to add further comments. Although the interviews will be basically the same for the three groups mentioned (staff, governors and parents), there will obviously be differences in their interpretation of the questions which will give me the necessary different perceptions of the various groups. There will also be a difference in the relationship between the interviewer and the different groups, which may affect the responses. This difference will need to be taken into account when analysing the data collected from these interviews.

At the end of the pilot stage of this study informal discussion also took place with other members of staff, in particular staff involved with Years 3 and 4 who have also followed the drug education programmes. Although these staff are not closely involved with the project, their views are also important so I feel it is necessary to talk to them to obtain their thoughts. This means that I will have spoken to every member of staff involved with Key Stage 2 children either through semi-structured interviews or by informal discussions.

One of the main advantages of using interviews as opposed to questionnaires in that it is a two way process allowing for interaction between the interviewer and the respondent. This can facilitate a more probing investigation than could be achieved through using the questionnaire format. However, there are several disadvantages. These include the possibility that the respondent may be affected by their perceptions of the interviewer and the research that is being undertaken. The respondent could provide responses that they feel are appropriate rather than their 'real' beliefs and attitudes. It is also a very time-consuming method of obtaining data not only from the administering of the interview itself but also the analysis and writing up of the information received, as each interview is likely to generate a lot of information.

Open-ended questions have several advantages. It provides an opportunity for the interviewees to respond more freely in they wish. They can give greater detail as they feel appropriate and where their answers are unclear the interviewer can ask for clarification. In this way a more detailed and accurate answer can lead to a greater insight and valid picture of the issues raised in the interview.

Pupil Questionnaires

Questionnaires have been and will be given to the two classes involved in this present research. The two classes will also be asked to complete the 'draw and write' activity at the beginning of the series of lessons, in order to establish the level and degree of understanding the children have of drugs and

drug issues. All the questionnaires administered to the pupils will be basically self administered, although staff will be available to help children with difficulty in reading or understanding a particular question. A copy of the full questionnaire can be seen in Appendix D1.

There are many advantages to the practitioner-researcher in administering questionnaires to a class or group. There is obviously an enormous saving in time while the response rate is likely to be extremely high and therefore the information obtained will be more representative of the 'population' and therefore more reliable. A further advantage is that the administrator will be alerted to any difficulties the pupils encounter with wording or format. They will be able to help explain to the respondents what is required, providing they do not try to influence pupils' attitudes and responses.

A full explanation of the aims, intentions and content of the questionnaires will be given to all those involved and assurance given to the confidentiality of the responses. One of the aims of the questionnaire is to be able to gather data from both years groups involved in the drug education programmes of study as efficiently and effectively as possible. The views and thoughts of the children regarding the particular sessions they have received during the series can be gathered during a relatively short period of time and therefore the administration is kept to a minimum. A questionnaire also enables the respondents to answer the questions honestly and openly, especially when it is emphasised that they do not need to write their name, allowing the comments and remarks they make to be completely anonymous. There is, however, a space provided for any of the children to provide their name, indicating that they would be willing to discuss the issues raised in the questionnaire further. This will link with the group interviews that will be held after the questionnaires have been analysed. The responses given by the pupils will help provide evidence of their experiences and perceptions during the actual series of lessons, which relates to one of the supporting research questions; *What are the experiences and perceptions of those involved including pupils*...etc. The responses will also partly help with the questions about *what is actually being presented in the lessons* and *what they have*

learnt during the lessons. Again these issues can be followed up and discussed during the group interview sessions.

As stated previously the children are not obliged to include their name unless they would be happy to do so, which would also indicate that they would be willing to talk to me further about their responses. I believe that, by allowing the pupils to self administer the questionnaire, it is more appropriate in dealing with the sensitive issues surrounding drugs and offers complete anonymity. (See Appendix D1 for full questionnaire text.)

The pupils of both Year 5 and 6 have been and will be given the same set of questionnaires. This will enable me to compare the answers to see if there is any difference due to the age of the pupils. As the Year 6 group of children will also have completed the questionnaire during the pilot study, it will also be possible to look at the responses given by the same group of children over a period of two years.

Classroom Observations

The classroom observations will provide me with information as to what is actually taking place within the lessons. In this present study I have already observed two lessons with the Year 6 class and discussed the issues involved in drug education with the member of staff both before and after the lessons. The lessons I shall be taking this term with Year 5 class will need to be observed by another person and the Head teacher has agreed to undertake this task. It is necessary to observe what is actually happening within the lessons, in order to help answer one of the supporting questions of this study:- *What is actually being presented in terms of the specific content during lessons?* One of the strengths of using observation is the direct access it gives to the lessons and interactions between staff and pupils, that is part of the focus of this research. The information gathered by using observations can also help supplement other methods of collecting data and can make a significant contribution to the understanding of what is happening within the classroom.

Group Interviews

Interviewing children can be problematic especially if the interviewer or researcher is also their teacher. There is the very real problem that they ill be affected by the way they normally relate to the person involved in interviewing. In the present study there is the further complication of the subject matter of drug education. This is one of the main reasons why it was decided to opt for group interviews with the pupils involved in the drug education programmes of study. Group interviews can be more productive than interviewing individuals. They can produce a wealth of information and ideas. However, it must be remembered that the composition of the group is extremely important. There also has to be an atmosphere of trust, particularly with the issues surrounding drug education.

In order to extend the thoughts, views and ideas that the pupil questionnaire would raise, it was felt that Group Interviews (Focus Groups) for pupils involved in this project will help provide further data and material for analysis in an informal way. A distinguishing feature of focus groups is

> "the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group". (MORGAN, 1988, p. 12)

Group interviews are typically 'focused' by a series of questions centred on one or more topics. It allows a degree of interaction between group members which may produce responses that are richer and more detailed than those generated by individual interviews. However, one possible shortcoming of this type of interview is that the discussion can be dominated by one or more individual to the extent that the other members of the group are inhibited or excluded from participating.

Therefore these group interviews must be planned carefully. Opportunities to talk to pupils may arise at other times during the course of a day and shouldn't be overlooked as passing remarks may very well be pertinent to this study. When planning these group interviews the responses from the pupil questionnaires should be taken into account. Then the group interview

can extend the knowledge already gained from the questionnaires. It will be a way of filling some of the 'gaps' that may be present after initially analysing the data from the questionnaires. The type of material available from such interviews may not be available from other sources and therefore will be useful in generating further evidence. While discussing interviewing pupils Simons points out that

> "pupils learn to live by rules and conventions prescribed by those responsible for the running of the school and may not *feel as free* as teachers to express their attitudes and feelings. In schools which have a fairly traditional curriculum, furthermore, pupils may not have had much opportunity to talk in class or informally to teachers outside class ... Some pupils appear to treat the interview as a test situation, and try to give 'right' answers."
> (SIMONS, 1981, p. 38)

This problem can be partially alleviated by ensuring that the pupils are under no compulsion to be interviewed. Pupils should be allowed to decide for themselves if they wish to be interviewed, because if chosen by the member of staff there could be a certain degree of bias. There is also the possibility that pupils may associate the interviewer with the authority structure, which may very well restrict discussion. Even when the pupils volunteer it will be necessary to seek agreement from their parents before such interviews can take place. By interviewing children in small groups I hope to alleviate some of the problems already mentioned. Within a group, children may overcome their uneasiness or diffidence, as they are with friends that they have worked with and know each other and therefore are generally prepared to support one another. It could be argued that if the issues to be discussed are likely to be sensitive or potentially embarrassing, a group interview could be counter-productive. However, I believe that those pupils who are likely to volunteer for this particular exercise will be able to cope with any sensitive issues if they occur and will also be able to support the rest of the group in any such discussions.

Attitude Surveys

It conjunction with the main questionnaire I have devised several smaller and shorter attitude surveys to help me assess the pupils' attitudes to smoking and alcohol in particular. Ofsted found in their review of drug education in schools in 1997 the focus of work carried out in Key Stage 2 was often

> "appropriately, on those that provide the greatest threat to this age group - namely alcohol and tobacco".
> (OFSTED, 1997, p. 12)

The two issues are also included in the National Curriculum Science Order where at Key Stage 2 pupils should be taught that tobacco, alcohol and other drugs can have harmful effects. Therefore three attitude survey sheets have been adapted and developed from various sources. The *"Attitudes to Alcohol"* sheet was taken from a similar sheet of questions devised by Perry and Brighton. (PERRY & BRIGHTON, 1996, p. 19) The *"Attitudes to Smoking 1"* was adapted from a questionnaire devised by Jarvis for the Office for National Statistics (JARVIS, 1997a, p. 64), while the second survey *"Attitudes to Smoking 2"* was taken from another questionnaire devised by Jarvis, again for the Office for National Statistics. (JARVIS, 1997b, p. 69) All three attitude surveys can be seen in Appendix G. Further discussion about the adaptation of these surveys, the coding and analysis of the responses can be found in the next chapter.

The pupils of Years 5 and 6 will be asked to complete these short attitude surveys during one of the drug education sessions. The surveys consist of approximately ten questions with boxes to tick for whether they agree, disagree, or are not sure/don't know. As these surveys deal with the pupils attitudes to alcohol and smoking they will help provide evidence to inform the first of the supplementary research questions - *What are the values and attitudes of those involved in this project, in relation to drugs and drug education.* It will help give a clearer indication as to the values and attitudes of the pupils in this project.

Chapter Four

Pilot Study

Chapter 4 - Pilot study

Aims of the Pilot Study

Having giving some consideration to the research questions at the beginning of this action research project and the identification of issues raised through the literature review it is necessary to look at the questions and issues through an initial stage. This has been called the 'reconnaissance' phase by such people as Kemmis (KEMMIS & McTAGGART, 1981) whose model for action research shows reconnaissance to comprise discussing, negotiating, exploring the opportunities, assessing possibilities and examining constraints. Elliott sees Kemmis' model as an excellent basis for starting to think what action research involves. He argues that the reconnaissance phase should not only be a fact-finding exercise but should also involve analysis. It should constantly recur in the spiral of activities, rather than occurring only at the beginning. (ELLIOTT, 1981) The argument Elliott puts forward is reflected in this present study. The pilot study involves the 'fact-finding' element as well as collecting data from interviews, questionnaires and attitude surveys which will be analysed before the start of the main study. I believe the analysis of the material gathered in the reconnaissance phase is necessary to help the continuing development of the programmes of study that will be implemented during the main study.

There are several aims of this reconnaissance phase or pilot study. The main aim is to create the opportunity to explore the issues and assess the possibilities of different ways of gathering appropriate data to help produce the evidence to answer the research questions. Another important aim that will involve several of the research questions during this initial stage is to devise and trial various methods to:

- establish the values and attitudes in relation to drugs and drug education
- establish the experiences and perceptions
- establish the knowledge and understanding that the children will bring with them to the drug education lessons.

Research Methods used during the Pilot Study

The methods of research that have been adopted in the pilot study are listed below. I believe these to be both suitable and appropriate in the pursuit of evidence that will be of value at the analytical phase. These methods are closely linked to the research questions and the appropriateness of these methods are discussed further in this section. The order in which these methods will be approached will be consistent throughout this dissertation and in no way implies any rank order, other than the order in which these methods were initially used. They are:-

- Nominal Group Technique *(staff)*
- 'Draw and Write' activity *(all pupils)*
- Semi-structured Interviews *(staff, governors and parents)*
- Pupil Questionnaire *(Years 5&6)*
- Classroom Observation. *(Years 5&6)*
- Group Interviews *(Year 6 only)*
- Attitudes Surveys *(Years 5&6)*

However, before looking at these methods, it is important to discuss the role of the researcher and his relationship with the children and adults involved in this pilot study. At the start of this reconnaissance phase in the Autumn term, 1997, I was the Curriculum Co-ordinator for Personal and Social Education as well as the Deputy Head of the school. At the beginning of the following term (January 1998) my position changed from being Deputy Head to Acting Head for that Spring term. It is possible that this change in my role may affect the way the pupils and staff view me during the term. Their reactions could be different when observing lessons. The Head can be seen as the ultimate sanction with regard to discipline and therefore the pupils may well respond differently while I am present. This may be a factor that needs to be taken into account when analysing the data collected although the main part of the work with the pupils was carried out in the previous term.

Obviously the 'background knowledge' acquired over the past few years, with being involved in discussions with staff, governors and parents about

the previous drug education programmes gives me an advantage when commenting on and analysing the information contained in the documents. However, being involved that closely could be regarded as a problem with respect to researching an area in which I am, as Preedy puts it, 'an insider'. (PREEDY, 1989)

Nominal Group Technique

It was felt that it would be useful to elicit the views of the staff during a staff meeting which would help clarify why we felt as a staff that drug education was important or not. During a staff meeting at the beginning of the Autumn term the staff were invited to discuss their views and feelings about Personal and Social Education and in particular drug education. I decided it might be useful to use a process called nominal group technique to produce a school (staff) view of why we should teach drug education. I felt this was a way of finding out the views of the staff in relation to the reason why we were proposing to implement a new series of lessons into the curriculum during the academic year from September 1997 to July 1998. Although we had already done a series of lessons in the previous year I believed it would help to allow staff to air their views and eventually through this technique to arrive at a group view of a particular issue. By doing this in a group situation it was hoped to eliminate any bias and prevent a single persons values being imposed. It would produce a group or collective view of the value of teaching drug education in the primary school and help answer the supplementary research question about the values and attitudes that underlie the drug education programme. I had used this technique in a previous piece of research and found that it produced a collective view of the subject with my own contribution being limited and thus reducing any researcher bias.

Each member of staff was invited to identify their own views as to the value of drug education in the primary school. Each member was then asked to contribute a statement. This process continued with several contributions being made from each member of staff. They were then asked to rank the statements. This technique facilitated their generation, discussion and prioritisation of ideas. During the process the staff felt it would be valuable

to briefly discuss the various statements that had been generated before they decided how to rank them. A discussion of this nature was not part of the original intention of the nominal group technique. However, I felt it would be helpful to several staff who were feeling anxious about the whole idea of drug education in the primary school.

All the staff were asked to generate ideas about the value of drug education in the primary school and to write them down without conferring. A full list was then drawn up using one idea from each member of staff, avoiding replication of ideas until twenty statements had been listed. Each member of the staff was then asked to choose six statements they believed to be the most important and prioritise them by awarding points. These points were totalled and a priority order list was produced. This not only gave me a collective view but also helped to give a broader outlook on the subject.

From the analysis of the priority order of the views the staff produced it became apparent that certain issues needed to be addressed and studied in greater detail when planning the programmes of study for the children to follow. This progressive focussing is part of the process of action research. Throughout this study there is a need for continually evaluating and refining the programmes of study and the approaches developed in presenting those programmes. Although the programmes of study for drug education throughout the school had originally been written for the previous academic year in September 1996, it was necessary in the light of the results of the nominal group technique and the subsequent discussion to rewrite these programmes. Having decided that there was a need to provide children with skills that would help them to resist peer pressure when dealing with drugs, it was necessary for me to incorporate work into the programmes of study that would involve ways to resist peer pressure. The staff had also agreed that it was important to provide the correct information, while at the same time try to remove misinformation. This would mean that the staff presenting these lessons would need up-to-date accurate information and so alongside the medium term plans I needed to produce background information for the staff.

'Draw and Write' activity

I decided to use the 'draw and write' technique. (WILLIAMS *et al.*, 1989d, p.74) This uses a story based on a lost bag of drugs. It provided the means by which I was able to gauge the level of the children's background knowledge, understanding and perceptions without 'priming' them. By using this technique it also meant that I wouldn't limit or distort their responses through inappropriate questioning. It also is an accessible method for children with inadequate literacy skills. This method was first used extensively in a Southampton University/Health Education Authority project in the early 1980s.

The technique is based on the telling of a story of a child of similar age to those doing the activity. The idea is that children are able to identify with the child and therefore the story has a familiarity about it that makes it less threatening to them.

I decided that all the children in the school should be surveyed using this technique. All the staff were asked to tell the following story:

> "Sam was walking home when they found a bag with drugs inside it. Draw what you think was in the bag. If you can, write at the side what it is you have drawn. *If you can't write, whisper to me what it is you have drawn and I will write it for you.*" (WILLIAMS, *et al.*, 1989d, p. 74)

The name of the child involved in the story has been changed from that used in the original survey. This I felt was necessary due to the greater awareness of 'gender' issues. By using a name that could be either gender all children can identify with the story. The words in italics could be used by staff if they felt it was appropriate for their year group. The staff were then asked to use the invitations or questions as set out on the next page:

'Draw and Write' questions

1: **Draw what was in the bag.**

Write at the side everything you have drawn. *

2: **Who, do you think, lost the bag?**

Draw the person who lost it and write, at the side the person or kind of person it is. *

3: **What do you think that person was going to do with the bag?**

Draw what the person was going to do and write, at the side, what the person was going to do. *

4: **What did the child do with the bag?**

Draw what the child did and write, at the side, what s/he did. *

5: **What would you have done if you had found it?**

Draw what you would have done and write, at the side, what you would have done. *

6: **Can a drug be good for you/help you? If so, when?** *

7: **Can a drug be bad for you/hurt you? If so, when?** *

* *If you can't write it for yourself or want some help. whisper to me and I will write it for you. Don't worry about the spelling.*

(WILLIAMS *et al.*, 1989d, p. 74)

Staff were given the discretion as to whether their year group needed the extra help as indicated by this * sign. Children on Records of Support were also given the opportunity to draw the pictures and then tell the member of staff about what they had drawn. In response to this all staff were asked to record what the children had actually said to them.

Although all the children in the school had followed units of work during the previous year I felt that it was important to establish the position of the children in respect of their knowledge and understanding at the start of this

present study. Therefore during the first session of the drug education programme I had prepared the staff to conduct the 'draw and write' activity. This method of establishing the knowledge and understanding of the children at their present stage of maturity has been discussed in detail in Chapter 3. Not only would this give information to the staff when deciding the appropriate level to work with the children, but it would also provide me with valuable data about the level of the children's understanding and knowledge.

At some stage during the year from September 1997 to July 1998 all the children in the school would be involved in the draw and write activity at the start of their particular series of 'drug education' sessions. During the year each member of staff presented me with the completed sheets for the draw and write activity. At appropriate times I was able to discuss with each member of staff the levels of understanding and knowledge this activity had shown for their particular age group. It became obvious that I would not be able to analyse all the responses so I decided to focus closely on Years 5 and 6 from Key Stage 2 for the purposes of this study. Another senior member of staff and myself were teaching these two classes and as these two classes worked closely together it gave me the advantage of having the children easily accessible. The results and findings of this activity can be found in Chapter 5.

Semi-structured Interviews

Using semi-structured Interviews allows me to set up a general structure by deciding in advance which issues needed to be covered and also what main areas needed to be discussed. I decided to use four main areas or categories into which I could place a number of questions relating to that particular area. The four categories are as follows:-

- *a - The provision of 'drug education'*
- *b - The schools approach to 'drug education'*
- *c - The 'drug education' sessions*
- *d - The wider view of 'drug education'*

Within these four categories I included questions for the parents and governors such as:

Should the school provide drug education?

At what age ought it to be taught?

Has your child talked to you about the drug education sessions?

Obviously for the staff some of the questions needed to be changed and further questions added including:

What do you think about the materials we are using during the 'drug education' sessions?

Have you talked to your children about the drug education sessions at other times during school?

On the interview schedule I have indicated further 'prompts' if needed during the interview. (See Appendix C 1&2.) The initial questions give the interviewee the opportunity to answer at some length in their own words. The interviewer can then use prompts, probes and suitable follow-up questions, if and when necessary to enable to interviewee to clarify or expand their replies. However, interviewing people takes time, anything from 45 minutes to an hour for a semi-structured interview. Teachers' time is exceedingly valuable and finding time is a difficult task. It is also essential when interviewing the staff involved to link the interview with the classroom observation. Drever suggests that

> "by using classroom observation as the focus for a semi-structured interview soon after, researchers have gained rich information about how teachers think as well as about what they do." (DREVER, 1995, p. 8)

By combining the two methods together in this way it can supply a depth of data. It will also provide a greater understanding of the research questions regarding the learning process involved. This links with the question about what is actually being presented in terms of the specific content during the lessons.

During the pilot study period only a small number of interviews took place. I was able to interview the Head, senior manager (the colleague teaching Year 5), and the supply teacher who covered my class while I took on the position

of Acting Head during the Spring term, 1998. No response had been forthcoming from a letter I had sent to the parents of the children in Years 5 and 6 so there was the need to try and 'persuade' a few reluctant parents to talk. During that particular term while I was Acting Head I was able to persuade four parents to talk to me about drugs and drug education. The results of these interviews are discussed in Chapter 5.

Pupil Questionnaire

During the lessons, both those I observed and those I was involved in through actually teaching, it became apparent that I needed a method that would gather the children's thoughts and comments together in a more coherent and basically standardised way. There were four strands that needed to be examined further. It was evident during the lessons that the duration of each session was important. How long could children sustain their levels of concentration? Here the age difference or maturity factor between Years 5 and 6 might also be important. It was also interesting to note the way the pupils responded to the three video programmes both year groups watched. I felt it was important to find out their reactions to these programmes, which would support or confirm the various views expressed at the time. I also felt that it was important to find out the best way of using the programmes and so a series of questions was devised for the questionnaire. Part of one of the lessons looked at peer pressure and ways of saying no. This was one of the areas that the staff also felt to be important when they took part in the nominal group technique activity earlier in the term. Again comments from the children during the session needed to be formalised through the questionnaire. A further strand that appeared to be very successful at the time was the involvement of the local Police Education Partnership Officer. The practical session which included learning how to place a person in the recovery position was planned by the Officer and myself. The children indicated that they felt this was extremely useful and an opportunity to comment on the session ought to be included in the questionnaire.

Therefore it seemed logical to produce a questionnaire which included the strands already mentioned towards the end of the series of sessions. Again,

Years of 5 and 6 were chosen to be the sample. There are several advantages to using a questionnaire. The efficient use of time in not only administering and analysing, but also in collecting a good sized sample. In this case the sample has been limited to 55 children, but it does mean that by doing the questionnaire in school I will achieve one hundred percent return rate. It also allows for the children to remain anonymous which should encourage them to be honest and open in any comments they are asked to make. A questionnaire is also good at producing straightforward descriptive information which I see as a great advantage in this research. This questionnaire (See Appendix D for the full text) has been devised to determine the perceptions of the pupils. I believe a questionnaire is appropriate as it will allow all the pupils involved to present their views. In opting for a questionnaire with the pupils rather than an interview approach I decided that most of the information to be collected would be accessible through structured questions although a few 'open ended' questions have been included which will offer additional information. Piloting is an integral part of any research.

According to Youngman the

> "strong dependence upon the instrument rather than the researcher makes pilot assessment even more necessary"
> (YOUNGMAN, 1978, p. 26)

The instructions, questions and response systems need to be evaluated. This questionnaire will act as a 'pilot' for the main study of this subject in Stage 2 of Part B of this Doctorate. Youngman also says

> "the standard concepts of reliability and validity have limited relevance in questionnaire design"
> (YOUNGMAN, 1978, pp. 26-7)

He goes on to suggest that validity is often assessed in terms of 'face validity', which is often a "euphemism for doing nothing". Reliability is slightly more accessible as the information is often available elsewhere. However, in this particular case very little can be found elsewhere. If some of the pupils are prepared to talk about their views this will provide the opportunity to see how far these more lengthy responses match their questionnaire answers.

During the Autumn term 1997, I devised the questionnaire for the pupils of the two year groups that had become involved with this project. It would be given to the pupils at the end of the series of lessons and would provide me with data about the pupils views about the lessons in which they had taken part. The questionnaire is divided into 5 sections, including a very brief introductory section for details of sex, age and year group. The other sections deal with aspects of the lessons, including the use of video programmes, discussion sessions, involvement of the Police Education Partnership Officer as well as specific questions relating to the timing of the sessions and the value of drug education. The information gained from this questionnaire will be analysed and the results will help inform the next stage of this project.

Classroom Observation

I believe that classroom observation as a research method is essential to this present study. It is the method that will obviously generate the evidence for the question of *what is actually going on in the classroom*. One of the strengths of using observation is the direct access it gives to the lessons or interactions between staff and children that is part of the focus of this research. It provides a permanent record or account of the lessons, which by their very nature are transient. The information gathered by using observation can also help supplement other methods of collecting information and can make a significant contribution to the understanding of what is happening within the classroom. Although a main feature is its flexibility, it does have weaknesses. Firstly, not only is it very time consuming but it also requires a great deal of effort and resources. Therefore in this present research I decided to limit the observations to just a few lessons with the Years 5 and 6. Another problem surrounding observation is its susceptibility to observer bias. This is of great concern especially as I have written the programmes of study and am involved in the presentation of the lessons to one of the groups being observed. I asked the Head if she would be able to become an 'outside' observer to help check my interpretation of my own observations. This would give me the opportunity to reflect on the

implications of the differences between my account and the account of a second observer.

Descriptive recording of classroom observations offers descriptions of events that are less pre-specified in what is selected for attention than the more formal structured records. This I believe is in keeping with the nature of the action research in that it allows the observer to be able to use the naturally occurring events as starting points for the next stage of the research. By using both the above methods sufficient material will be gained to analyse and evaluate what is actually happening in the classroom.

Although it was agreed at the start of the Autumn term that I would be given time to observe as many lessons as I felt were necessary this unfortunately did not prove to be the case. I was, however, able to observe two sessions of the Year 5 programme of study during the second half of the Autumn term. The school was only just starting to establish ways for the staff to monitor their curriculum areas. The whole business of allowing another member of staff to observe lessons was a very sensitive issue and one that had to be handled with extreme care. My colleague teaching Year 5 agreed to allow me access to her class. The two sessions I observed involved one observation at the start of the series of lessons with the second observation taking place towards the end of the term during the fifth session. The descriptive record would also help address the research question: *What is actually being presented in term of the specific content during lessons?*

As I had only been able to make two classroom observations with the Year 5 class, I felt it necessary to observe by 'being there' as described by Simpson who suggests that it is possible to

> "understand the perceptions and actions of others by
> actually entering into their world and taking an active part
> in their activities and experiences".
> (SIMPSON & TUSON, 1995, p. 13)

This participant method of research is distinct from merely doing research in a professional setting. It requires the researcher, not only to be engaged with the pupils and context which is being studied but, at the same time, to be

detached enough to be analytical within the setting. The researcher has to adopt a dual role, switching between being involved and being detached. From research work that Pollard carried out in the early 1980's he reports that the advantage of being professionally involved was that

> "it led to the accumulation of knowledge and awareness which, although often hard to verbalise, was a great asset in analysis and in 'filling-in' accounts and in establishing relationships". (POLLARD, 1985, p. 230)

Therefore most of the findings from classroom observations will be based on my own class of Year 6 pupils. Although the Head was able to make visits to various classrooms to act as an 'outside' observer unfortunately there were to the younger age group classes and therefore her observations will not be helpful in validating my observations either of the Year 5 class or my own class observations.

By the end of the Autumn term Year 5 and 6 classes had not finished the series of lessons and it was agreed to continue with the rest of the series after the Christmas break. Unfortunately, during the holiday the Head was admitted to hospital and I became the Acting Head for the Spring term. This meant not only was there a change to my role but my Year 5 colleague's position changed from senior manager to Acting Deputy Head and I had to arrange for a supply to take my class for the term. In relation to classroom observation I thought this would mean that I would have sufficient time to devote to observing further sessions with both Year 5 and 6. Again this did not happen. I was able to observe one of the remaining drug education lessons taken by the supply teacher.

Group Interviews (Year 6)

On discovering that combining classroom observations with a 'follow-up' semi-structured interviews would be beneficial, I thought I would try to link the use of the pupil questionnaires with group interviews. Interviewing children on an individual basis is fraught with many dangers and many children would probably be unwilling to discuss issues connected with drugs

and drug education on their own. However, many children would feel less inhibited if they met an adult as a group. One problem with this method is that some children may dominate the discussion, while others contribute very little. Obviously in this situation is the responsibility of the interviewer to make sure that all the participants are involved in the discussion. Questions will have been prepared from the answers supplied by the children from the questionnaires they have completed. This again allows me to extend the knowledge and understanding of some of the replies given in the questionnaires. On analysing the data from the pupil questionnaires there were several areas that needed to be explored further. These areas became the categories on which to base the group interview. These were:-

- Time and timing (length of each session and number of sessions etc.)
- Practical advice (including help from the Police)
- Attitudes to drugs in general
- Video programmes included in the sessions.

A fifth category emerged during the actual group interview with the Year 6 pupils, which evolved round their 'attitudes to drinking and driving'.

I have decided to limit the number in a group to between 4 and 6 children. If there are many willing pupils then several sessions will be required. If these sessions are able to take place during work time then the staff room will be available, however it is more likely that they will have to be conducted pupils are free during the lunch break in which case a classroom or the library will have to be used.

Towards the end of the pilot study I was able to conduct a small group interview with five Year 6 pupils who had volunteered to be interviewed. The schedule for this interview was very informal and consisted of a few notes made from the analysis of the pupil questionnaires. The specific questions included further probing about the timing of sessions and the amount of time they felt they had been given for discussion, questions and activities during the lesson. I also included questions relating to the three attitude surveys they had completed which allowed me to be able to expand on some of the views about smoking and drinking alcohol. This

interview/discussion took place in the staff room where the pupils could relax and be comfortable. It also created an atmosphere for the children of being 'grown-up' as they were sitting in what normally would be regarded as the domain of adults. Some of the views expressed during this session can be found in Chapter 5 under the heading Group Interviews. (pp. 120-123)

Attitude Surveys (Years 5 and 6)

The use of these three surveys in this study will provide rich evidence of the values and attitudes of the children towards drugs and in particular smoking (tobacco) and drinking (alcohol). These surveys have been discussed in greater detail in the Chapter 3 on Methodology. By using both Year 5 and 6 there is the possibility when analysing the responses of being able to detect the age difference through the replies given.

Three attitude surveys have been devised: one on the attitudes to alcohol while the other two concentrate on smoking. Again this method of gaining data has already been discussed and the results can been found in the next chapter on the findings of this pilot study. There is also further discussion in the main study findings where figures from a national survey covering the same two smoking surveys are compared with the pupils in this present study.

The attitude survey on alcohol was taken from *"How to do drugs"* (PERRY & BRIGHTON, 1996, p. 19) and was used as part of one of the sessions. There are eight statements to which the pupils have to respond in one of three ways - agreeing, disagreeing and don't know. The eight statements fall into two distinct categories, four items on each 'side' of the putative attitude-divide. They are not, however, set out on the sheet in two groupings. It was easier to leave the statements in the original order on the duplicated sheet but to categorise and analyse them afterwards. The two groups of statements are listed below:

Group A

1 Everybody drinks alcohol

6 Drinking puts fun into things

7 People who don't drink are wimps

8 Only heavy drinkers get alcohol problems

Group B

2 Drinking alcohol can lead to problems

3 Alcohol is more trouble than it's worth

4 You don't need to drink to have fun

5 It's silly to get drunk

The second two attitude surveys on smoking were adapted from two national surveys carried out by the Social Survey Division of the Office for National Statistics on behalf of the Health Education Authority both written by Jarvis.(JARVIS, 1997a; JARVIS, 1997b) I decided to use these two surveys as I felt it would be useful to compare the results from my pupils with a set of national results. Although both these surveys involved children between the ages of 11 and 15 the comparison between the surveys would provide a indication as to whether the pupils in Silverwood were in line with the wider perspective. In *"Attitudes to Smoking 1"* I changed the wording of statement 8 which in the original read:

> *"Smokers are more likely to have boyfriends or girlfriends than people who don't smoke".*

I didn't feel this was appropriate wording for pupils in a primary school so I alter the wording to the following:

> *"Smokers are more likely to have friends than people who don't smoke"*

The statements in the second survey (*"Attitudes to Smoking 2"*) have been divided into two categories focussing on the 'negative' and 'positive' aspects of smoking. These two categories will provide the basis for coding the responses at the analytical stage.

A Brief Account of the Pilot Study

At the start of this initial stage negotiations with the Head and Governors of the school had already taken place, which allowed me to conduct this action research into the effectiveness of the drug education programmes of study. There were no problems during the negotiations as I had already, as the

Curriculum Co-ordinator for Personal and Social Education seen the need for an audit of the existing programmes and discussed this with the Head and Governors. Further discussion took place in January 1997 during a staff meeting to establish the long term school development plan. It had been agreed that Personal and Social Education should be included in the plans that would cover the next three years.

The Pilot study was started at the beginning of the Autumn term 1997. Discussion about the study and my research work had taken place with staff prior to this period and as action research is essentially democratic in its approach, I believed that it was important to allow the staff to be involved in the planning. This is compatible with the school's planning procedures where all long term plans covering all the subjects are discussed with the whole staff. The subject co-ordinators then develop the medium term plans, which are passed to individual staff who produce the short term plans or lesson plans for the actual teaching sessions.

Medium Term Plans

Shortly before the October half term I presented the staff for the whole school with the medium term plans at a staff meeting. At the staff meeting concern was expressed that there was likely to be a shortage of time to complete the series of lessons as set out in the plans. A concern which has since been proved to be well founded. Several classes have found it difficult to find time to finish the set of lessons.

The medium term plans are a basic outline from which the staff then create their own lesson plans. A set format for all plans used in the school had been established several years prior to this study and so were followed here. The medium term plans set out the learning objectives under three headings: key learning skills; knowledge and understanding; attitudes. There follows a broad outline of the content of the sessions and any cross curricular link that could be established. Resources are also listed as well as suggestions for teaching approaches and planning for differentiation to take place where necessary. Assessment opportunities are also discussed along with the

recommended time allocation during the term. Examples of the medium term plans for Year 6 can be found in the appendices. (See appendix A 1&2.)

Chapter Five

Findings from Pilot Study

Chapter 5 - Findings from Pilot Study

Findings

Nominal Group Technique

The list shown below (Table 5.1) was created from many statements that the staff had generated. The 20 statements were agreed and then staff voted for their first six statements. A tally chart was produced and the votes counted against each statement. The resulting order was then transferred to the chart below.

Table 5.1 Nominal Group Technique

Order of priority in response to why we should provide drug education in the primary school.
Pilot Study - staff *September 1997*

1	to present facts and correct information	3rd
2	preventative (helps stop taking drugs in future)	1st
3	creates social awareness	
4	provides an exploration of moral values	
5	removes misinformation	5th
6	involves community togetherness	
7	is a perceived necessity	
8	provides peer group solidarity	
9	provides controlled environment for information exchange	6th
10	helps teach tolerance of others	
11	provides skills to resist peer pressure	2nd
12	creates critical awareness	
13	provides objectivity of subject	
14	creates social responsibility	
15	provides mutual respect	
16	helps promote and preserve self image	
17	provides a vocabulary	
18	provides a safe environment for discussion	
19	stimulates cross-circular work	
20	helps provide skills for life	4th

This group view of the value of drug education supports the views expressed in the literature review under the heading *"The Effectiveness of PSE and Drug Education Literature"*. O'Connor states in her report that the

> "most common form of drug education is based on a prevention model where the objective is the promotion of a drug-free lifestyle".
> (O'CONNOR *et al.*, 1997, p. 15)

While McGurk and Hurry suggested that

> "life skills education programmes have met with some success especially where there has been an emphasis on social skills such as peer pressure resistance."
> (McGURK & HURRY, 1995, p. 11)

It also links directly with the planning of the curriculum programmes of study. The lessons need to be planned so that the children are provided with the correct and up-to-date information. At least some of the lessons must address the problem of peer pressure and how to deal with it. McGurk and Hurry are suggesting that if these areas are included in the curriculum programme there may well be some success in helping pupils develop social skills that will help towards the children resisting drugs in the future.

'Draw and Write' Activity

The children's responses to each question were coded into the categories as listed in Appendix B with examples shown later in this section.
Although the whole school took part in this initial phase of the study, for the analysis of the material available for the final report of the pilot study I am using the data gathered from 52 children in classes Year 5 and 6. This represents 28% of the total number of pupils in the school. I shall be comparing the data I have gathered with two other studies that have used the same technique. The first study is the original work carried out by the team based in Southampton in the early 1980s. (WILLIAMS *et al.*, 1989d) Although they record the responses the children gave they do not present any statistical data. Whereas the second study produced comparable data and comes from a research project recently completed, based in three London Boroughs. (O'CONNOR *et al.*, 1997) Comparative percentages from these two studies and my own can been seen in Chapter 8 (Tables 8.12 and 8.13 on pp. 156-157)

The children's responses in Years 5 and 6 at Silverwood School during this initial period of the study revealed a good knowledge about the drugs scene and in particular the names of various illegal drugs such as cocaine, heroin and ecstasy. (See Table 5.2. over the page)

Table 5.2 Draw and Write responses

Pilot Study - *Years 5&6* *September 1997 - July 1998*

Proportion of pupils responding to the question "what was in the bag?"	**Year 5**	**Year 6**	**Total**
	%	%	%
Medicines/tablets	50	90	70
Tobacco	16	45	30
Alcohol	3	25	14
Illegal drugs - Cocaine/heroine etc.	97	75	86
- (Ecstasy)			23
Needles/syringes	19	35	27
Other (Caffeine etc.)	3	50	26
Nil/not appropriate response	0	0	0
Don't know	17	0	8.5
Base (=100%)	*33*	*19*	*52*

Note: Each child was allowed to make more than one response.
The 'total' column represents the combined responses of both year groups.

As is shown in Table 5.2, 88% were able to name a specific illegal drug, while 23% within that original figure were able to name ecstasy. This is a considerably higher figure than in the Southampton study where only 69% were able to mention drugs such as cocaine and heroin. (WILLIAMS *et al.*, 1989d, p. 80) In the this study they found that fewer children (no actual figure is given) mentioned cigarettes, alcohol or glue. I also found this to be the case, where only 27% mentioned tobacco and only 1% mentioned alcohol. In the London Borough study the figure is as low as 11% for tobacco. This is obviously very worrying in light of the fact that it was estimated in 1988 that there were 110,700 smoking-attributable deaths in the United Kingdom, which represents 17% of all deaths for ages 35 and over. (WALTERS & WHENT, 1996, p. 5) Again it has been estimated in 1988 that a further 28,000 people between the ages of 15 and 74 die from alcohol related causes in England and Wales. (WHENT, *et al.*, 1997, p. 19) This concern has been investigated further during the Pilot study. Are the children perceiving illegal drugs as harmful and dangerous, while tobacco and alcohol are acceptable? Is society in general more concerned about illegal drugs and therefore given strong messages to children? Looking more closely at this aspect will help to show the experiences and perceptions of the pupils involved in this project.

According to Williams (WILLIAMS *et al.*, 1989d) from the findings of their study the children's understanding of some of the more complicated ideas, issues and concepts that the questions generated was not so clear. Both the Southampton and the London Boroughs studies indicate similar findings. At Southampton both the initial pilot and the main study revealed

> "a surprising depth of knowledge and insight about the world of drugs from quite an early age".
> (WILLIAMS *et al.*, 1989d, p. 81)

They found that very few children were unable to respond to the request to draw what was in the bag of drugs. Although they did find that a large group of 4 and 5 year olds did not appear to understand the word 'drug'. A similar result was obtained by the London Borough study where the findings showed that

> "by the age of 11 years many of the young people had relatively sophisticated and integrated understanding of the concept of drugs and drug abuse. In contrast, a majority of the youngest age group (4-6 years) appeared to have little clear ideas concerning drug issues."
> (O'CONNOR *et al.*, 1997, p. 26)

On looking at the sheets produced by the early years group in Silverwood School there is clearly the same indications that these very young children are unable to comprehend the complexities of the issues involved. The member of staff reported that while she was doing the exercise the children didn't appear to really understand what the word drugs was all about. She also told me that we had one child with the classic example of drawing a lot of 'jugs'. The original work carried out by the Southampton team also found several examples of this and the exercise became known as the 'jugs and herrings' exercise! (Herrings being substituted for heroin.)

Children's Knowledge of Drug Names

The work carried out during the first basic drug introduction lesson confirms the findings reported after the initial 'draw and write' activity. Although Year 6 has 22 pupils, only 18 were present for the first lesson and therefore the

figures quoted in this first section relate to the smaller number of participants. All the children in Year 6 were able to identify a range of legal and illegal drugs when asked to make a list of all the drugs they knew about. The lists contained drugs such as cocaine, ecstasy, heroin, alcohol and tobacco. (See the results in Table 5.3.)

Table 5.3 List of 'drugs'

Pilot Study - Years 5&6 September 1997 - July 1998

Name of drug	Year 5 %	Year 6 %	Total %
Alcohol	25	39	32
Caffeine (coffee)	14	55	34.5
Cannabis	21	44	32.5
(marijuana)	0	5	2.5
Cocaine	55	100	77.5
Crack	5	17	11
Ecstasy	43	89	66
Heroin	72	100	86
LSD	0	72	36
(acid)	0	22	11
Magic mushrooms	0	33	16.5
Nicotine	12	44	28
Speed	0	22	11
(whizz)	0	5	2.5
Tea	4	5	4.5
Tobacco	68	94	81
Vitamin tablets	13	17	15
Base (=100%)	*33*	19	*52*

Note: Each child was allowed to make more than one response.
The 'total' column represents the combined responses of both year groups.

They also included medicines such as calpol, penicillin, paracetamol and antibiotics, which I have included in a separate table. (See Table 5.4.) One child who has a severe allergy to nuts was able to list accurately seven medical drugs connected with his condition and indeed many were able to identify medicines that were familiar to them, e.g. 94% were able to name Paracetamol. (See Table 5.4.)

Table 5.4 List of 'medicines'

Pilot Study - Years 5&6 September 1997 - July 1998

Name of drug *(Medicines)*	Year 5 %	Year 6 %	Total %
Antibiotics	11	17	14
Antimalarial tablets	0	10	5
Calpol	68	78	73
Cough mixture	34	5	19.5
Epi-pen	0	17	8.5
Inhaler (ventolin)	72	89	80.5
Insulin	0	5	2.5
Paracetamol	65	94	79.5
Penicillin	0	17	8.5
Base (=100%)	*33*	*19*	*52*

Note: Each child was allowed to make more than one response.
The 'total' column represents the combined responses of both year groups.

Heading the full list, including medicines, are cocaine and heroin with 100%, which are closely followed by both tobacco and paracetamol with 94%. In comparing these results with the earlier findings from the 'draw and write' activity the awareness of drugs such as cocaine and heroin is broadly in line with the high percentage of drugs mentioned in the bag. When looking at alcohol, however, the figures from the 'draw and write' technique (1%) are not totally comparably to those from the lesson (39%), nevertheless both figures are considerably lower than the illegal drugs. Eight children identified tobacco (or smoking) as a drug, but also added nicotine to the list as though it were a separate drug. When questioned as to whether there was any connection between nicotine and tobacco and smoking 6 of the 8 said they weren't linked and only two saw the '*light of day*' and said "oh yes, nicotine is what you get from smoking tobacco". Nearly all the children put LSD on the list either as LSD - 72% or as 'acid' - 22% (94% in total.) For a drug that is basically seen as a drug of the 1960's this might at first appear to be surprising. However, the class had recently studied the 60's in history where the *hippy/flower power drug scene* had been discussed.

Semi-structured Interviews

It must be noted that only a very small number of interviews took place during this pilot stage of the study. Three members of staff and four parents

were interviewed. As the sample is extremely small the views expressed cannot claim to be representative of either the staff or the parents as a whole. However, the data collected from these interviews can be compared with other sources of evidence used in this study and therefore a degree of validity can be claimed. The findings from these interviews are discussed under the four categories as discussed in the previous chapter.

The Provision of 'Drug Education'

The findings from both staff and parents, regarding the provision of drug education, shows complete agreement with the statement that schools should provide drug education. There was also complete agreement that it ought to be taught at primary school. The staff interviewed fully supported the idea that it should be taught in both Key Stage 1 and 2, but two of the parents expressed concern about introducing such a subject to children as young as 5 years old. One parent said that she was concerned that by introducing the very young children to 'drugs' it would encourage them later to experiment. She went on to add that

> " if the children knew these drugs existed then they might be tempted when they get older to try them. By not referring to drugs then the children can remain innocent."

When prompted to say which drugs she thought the school would be discussing with children in Key stage 1, she had assumed that the school would be dealing with illegal drugs. This kind of reaction suggests to me that there is a very strong case for the school to raise the profile of drug education by given the parents a more detailed description of the contents of the drug education programme.

The staff agreed that it should be included in both the Science and the Personal and Social Education curriculum. The Head felt that there should be greater liaison between the two co-ordinators with regard to the planning to ensure consistency. All four parents said they were happy to leave the decision as to where it should be taught to the professionals.

The School's Approach to 'Drug Education'

All the staff interviewed, including the supply teacher had been involved in the meetings regarding drug education in the last couple of years. Whereas, only one of the parents interviewed had attend a meeting. This parent had felt the meeting was very helpful in providing sufficient information to be able to understand the approach the school was making towards the teaching of drug education. This particular parent had asked to see the video material that would be used and thought the content would be extremely helpful for the children in the top two classes (Years 5 and 6.).

The 'Drug Education' Sessions

Three of the parents reported that their child had talked to them about the sessions. The fourth parent said that their child never spoke about what happened at school but they had as a family discussed drugs on several occasions. The four parents were all concerned that the subject would be approached sensitively and the one who had expressed concern about teaching 'drugs' to 5 year olds was still concerned that the school would be teaching about illegal drugs to children who were not ready. The staff agreed that the class teacher was the right person to present the sessions. One member of staff said that the children would feel happier talking about sensitive issues with their class teacher. She went on to say that they would be more likely to be more open and honest. All three staff agreed that a visit by the Police Education Partnership Officer would be helpful. One of the parents thought the Police ought to take the whole series of sessions to 'put the fear of God into them'.

The Wider View of 'Drugs'

The question regarding 'areas of concern' received a lot of response. The concerns expressed by the parents were basically the fear that:

- their child would become involved in taking illegal drugs
- their child would not be able to withstand peer-pressure
- their child would become a drug addict

Aware of the parents concerns the staff were concerned with the need to ensure that all the children were involved in learning 'life skills' to equip them to cope with society when they grew older. The Head suggested that perhaps the 'drug education' programme needed to be more 'life skills' based so that the children were prepared for the pressures from their peers, the media and society in general.

Pupil Questionnaire

Although there are 55 children in the two year groups being closely monitored, not all the children completed the questionnaire. (See Appendix D for the complete questionnaire.) The children are from two mixed classes - Year 6 with 22 children and Year 5 with 33. However, only 20 children in year 6 and 31 children from Year 5 completed the questionnaire. After looking closely at the priority order of the statements agreed by the staff (see Table 5.1 on page 108 for the list) and studying reports such as the Ofsted report entitled *"Drug Education in Schools"* (OFSTED, 1997), I decided to select four strands that I felt were important to obtain further responses from the children. These are as follows:-

1. peer pressure and the ability to say no;
2. practical session with the police;
3. the video programmes;
4. the time element of the lessons.

Staff had decided that the second reason for providing drug education was to 'provide skills to resist peer pressure'. It is obviously necessary to find out what the pupils think about the issue of 'peer pressure'. Ofsted in their report talks about the effective use of a range of teaching strategies, which include "audio visual aids and in particular video" and the "use of outside speakers" (OFSTED, 1997, p. 14) Therefore the second and third strand listed above I also felt needed researching in greater detail and again chose the pupil questionnaire to elicit appropriate responses.

The last strand regarding the time element of lessons follows from the Drugs Prevention Initiative report in 1998, which states that one essential for effective drug education was "consistent programmes lasting several weeks

or months". (DPI, 1998b, p. 4) By including questions about the length of lessons in the questionnaire I shall be able to gauge the views of the pupils. These strands may also form part of any discussions arising from the group interviews after completion of the questionnaire.

In response to the question about *'saying no'* the majority of both Year 5 and Year 6 children believed that it would be helpful to know different ways of saying no to drugs. (77% of Year 5's and 85% of Year 6's) Only one child in Year 5 said no, while a small proportion of children were not sure. (20% of Year 5's and 15% of Year 6's) Some children when writing about *'saying no'* made comments like "it might help me in what I say in the future" or "doing practical things helps you to know what to do if you get offered drugs".

Again the response to the questions relating to the practical session with the police was almost entirely supportive of such sessions. 80% of Year 5's and 90% of Year 6's found the session with the police helpful. There was total support from all the children with regard to learning about the recovery position, while again all the children believed it would be helpful to know how to help somebody if they became ill through taking drugs.

In response to the question regarding which parts of the lessons did they enjoy the following two tables present a few interesting indications as to what might be successful in the future.

Table 5.5 Responses to question 2.5

Pilot Study - *Years 5&6* *September 1997 - July 1998*

Question 2.5: Which parts of the lessons did you enjoy the most?	**Year 5**	**Year 6**	**Total**
	%	%	%
Video	74	40	57
Discussion	3	35	19
Practical	20	20	20
Writing	3	0	1.5
No response	0	5	2.5
Base(=100%)	33	*19*	52

Table 5.6 Responses to question 2.6

Pilot Study - *Years 5&6* *September 1997 - July 1998*

Question 2.6: Which parts of the lessons did you think were the most valuable?	**Year 5**	**Year 6**	**Total**
	%	%	%
Video	68	35	51.5
Discussion	6	35	20.5
Practical	23	20	21.5
Writing	3	10	6.5
No response	0	0	0
Base(=100%)	33	*19*	52

It is obvious from the results shown above that there is a difference in the responses from the Year 5's and the Year 6's. The Year 5 responses are much more clearly defined with 74% enjoying the video sessions and 20% enjoying the practical session, whereas the Year 6 response is more evenly spread between the video sessions, discussion and practical sessions. This may be due to the maturity factor. The Year 6 children are more capable of sustaining a discussions and therefore both enjoying and seeing them as a valuable part of the sessions. Again the response by the Year 5 group to what they see as valuable was much more clearly defined, 68% felt the video sessions were valuable while 23% felt the practical session was important. However, the Year 6 group indicated a more even response with both the video and discussion being equal in value at 35% with the practical session closely following with 20%.

There seems to be almost total agreement in respect to two other questions from the questionnaire regarding whether the lessons were worthwhile and whether the children thought it was important to learn about the subject at their age. The responses to these questions are set out in table 5.7 and 5.8 on the following page.

Table 5.7 Responses to question 2.1

Pilot Study - *Years 5&6* *February 1998*

Question 2.1: Do you think the lessons have been worthwhile?	**Year 5**	**Year 6**	**Total**
	%	%	%
Yes	88	100	94
No	12	0	6
Don't know	0	0	0
Base(=100%)	*33*	*19*	*52*

Table 5.8 Responses to question 5.9

Pilot Study - *Years 5&6* *February 1998*

Question 5.9: Do you think it is important to learn about this subject at your age?	**Year 5**	**Year 6**	**Total**
	%	%	%
Yes	90	95	92.5
No	7	5	6
Don't know	3	0	1.5
Base(=100%)	*33*	*19*	*52*

If the percentages for Year 5 and 6 are aggregated it will be seen that 94% think that the lessons have been worthwhile while 92.5% think that it is important to learn about drug education at this age.

Finally the question of the length of time each session should last was clearly indicated by both the two year groups. 77% of Year 5's and 80% of Year 6 children felt that the lessons were long enough. Only 17% of the Year 5 group thought they were too long and a small percentage of Year 5's (6%) and 20% of Year 6 thought the lessons were not long enough.

Classroom Observations

Only two sessions within the classroom were observed in this pilot study. A descriptive record of these two lessons can be found in Appendix E 2&3. From these descriptions the evidence would suggest that the lessons were well prepared and presented. The lessons followed the medium term plans

accurately and pupils were allowed to work individually, in groups and as a whole class with suitable activities when working in groups.

Group Interviews (Year 6)

A small group of five pupils from Year 6 were willing to be involved in a group interview. The group consisted of three girls and two boys. The group interview schedule can be found in Appendix F. The schedule was highlighted various areas that had been identified from the pupils questionnaires. The discussion of the findings from this group interview follows the areas identified.

Time and Timing

After a couple of initial questions about whether they enjoyed the series of lessons about drugs the issues concerning the length of the sessions and the number of sessions was raised. One of the girls in the group said that she thought there was not enough time to do any of the tasks or activities within a lesson.

Both boys agreed and one of them said,

> "yeah, just as you start to get interested in the activity, then miss tells us to stop what we're doing".

Another of the girls felt that such lessons needed at least an hour so that you could really get stuck into the activity without being interrupted. There was agreement that the number of sessions seemed to be about right, but the group did express some concern that the sessions they had been involved with took place over two terms when perhaps it would be best to concentrate them into one term.

Practical Advice

They all agreed that one of the best sessions involved the Police Education Partnership Officer because, as one of the boys said,

> "you learned a lot from him that would help you when you grow up. Things like dialling 999 and what to say, and how

to put somebody in the recovery position could be very useful."

There were further comments such as

"practical work lets you know how to cope"

from one of the girls, while one of the boys felt the practical session was helpful

"because the policeman told us the safety rules and why you shouldn't take drugs".

Attitudes to Drinking and Driving

The discussion moved from the practical things they had learnt with the police officer to some of the situations he'd asked them to discuss in small groups. One of the girls raised an issue from one of the situations they had been asked to think about during the session. She was obviously concerned about people being drunk while driving and whether you should try and stop a friend driving, or even report a friend for drinking and driving. Following this discussion with the Year 6 children I asked the class teacher if she would let all the class write about their thoughts on drinking and driving and in particular the possibility of reducing the amount of alcohol a person is allowed to drink and drive. Nearly all the children (17 out of 19) thought the government was right to reduce the amount from 80ml to 50ml. Two children thought there ought to be a total ban.

One of the two wrote:

"I think that drink driving should be banned totally. You should not be able to drink and drive. I believe it is okay to stop people drink driving because it will stop them killing themselves."

The rest of the class felt it was okay to drink a little rather then stop it altogether.

Another child wrote:

"It's okay if you just have a bit but it still is dangerous. I don't think it's right that people should drink/drive because it can kill people."

Several mentioned that people could get killed and two children pointed out that innocent people might be killed. One girl expressed her views by saying that she thought the government were right to reduce the amount because

> "a lot of people get killed from drinking and driving but it isn't just the driver sometimes that dies or gets injured badly".

Attitudes to Drugs

One of the Year 6 girls when asked about whether drugs could be good or bad said

> "drugs can't help you but I wouldn't know whether they would or could be good for you. I know though that drugs can set you going mad and people who take drugs can commit suicide."

While one of the two boys believed that

> "it is not good at all to take drugs and they can not help you. Drugs can kill you the next day or even in 15 minutes."

Statements of this kind clearly indicate that there is still the need to continue to present this area of the curriculum every year, especially as these particular children have had a series of drug education lessons the previous year. This repeated yearly cycle of lessons will help reinforce the messages we are trying to present to the children.

Video Programmes

There was a very varied response from the children regarding which parts of the sessions they enjoyed. This reflected the responses from the questionnaire, which were also mixed. Many of the comments about the video programmes were centred round the fact that they showed what could happen to them. One of the girls thought the video programmes were helpful

> "because when you're older we might be in their (referring to the children in the programmes) situation".

The second girl commented that the video was

"interesting as it showed us what we should do and what we shouldn't".

Attitude Surveys (Years 5 and 6)

During the fourth session about smoking and fifth session about alcohol both year groups completed the three attitude surveys. They were asked to complete the surveys without giving each statement too much consideration. See Appendix G for the text of the three surveys. The results from the three surveys can be see in tables 5.9 below and 5.10 & 5.11 on the following pages.

Table 5.9 Attitudes to Alcohol responses

Pilot Study - *Years 5&6* *September 1997 - July 1998*

Proportion of pupils responding to the following statements	**Agree**		**Don't know**		**Disagree**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
Everybody drinks alcohol	3	0	18	11	79	89
Drinking alcohol can lead to problems	94	95	6	5	0	0
Alcohol is more trouble than it's worth	33	26	33	63	33	11
You don't need to drink to have fun	76	74	21	11	3	15
It's silly to get drunk	82	42	9	26	9	32
Drinking puts fun into things	15	11	15	47	70	42
People who don't drink are wimps	0	0	0	11	100	89
Only heavy drinkers get alcohol problems	46	56	33	11	21	32
Base (=100%)	*33*	*19*	*33*	*19*	*33*	*19*

Those responding - Year 5: 33 out of 33 and Year 6: 19 out of 22

From the responses it is evident that both the Year 5 and 6 children have very strong and clear views about drinking. The majority of both classes (94% Year 5 and 95% Year 6) believed that drinking can lead to problems, although they were more uncertain about whether alcohol was more trouble than it was worth. Again both classes felt it was silly to get drunk, although Year 5 children had a clearer viewpoint with 82% agreeing that it was silly and only 9% disagreeing. Year 6 children were less convinced with only 42%

agreeing and 32% disagreeing. They were also more unsure with a 26% 'Don't know' response.

Table 5.10 Attitudes to Smoking 1 responses

Pilot Study - *Years 5&6* *September 1997 - July 1998*

Proportion of pupils responding to the following statements	**Agree**		**Don't Know**		**Disagree**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
Smoking makes you look more grown up	16	5	14	3	80	92
Smoking can help you calm down	75	63	11	17	14	20
Smoking helps to give you confidence	21	15	66	48	13	37
Smoking can put you in a better mood	39	24	28	30	33	46
Smoking can help you stay slim	8	3	42	45	50	52
Smoking can help you make friends more easily	30	4	15	17	55	79
Smokers can have more fun than people who don't smoke	6	3	5	5	89	92
Smokers are more likely to have friends than people who don't smoke	7	2	10	13	73	85
Smokers are more boring than people who don't smoke	5	14	33	28	62	58
Smokers are more likely to be rebellious than people who don't smoke	35	40	32	29	33	31
Base (=100%)	*33*	*19*	*33*	*19*	*33*	*19*

Those responding - Year 5: 33 out of 33 and Year 6: 19 out of 22

In Table 5.10 the responses to the smoking statements are generally less clear cut than those for alcohol. Statements like "smoking helps to give you confidence" a large proportion of both Year 5 and 6 are unsure and have responded with 'don't know' answers. The percentages for the statement about smoking putting people in a better mood are relatively even from 'agree' to 'disagree'. The responses to the statement about smokers are more likely to be rebellious are fairly evenly distributed over the three choices. There is, however, a more clearly defined response to several of the statements including "smokers have more fun" where 89% of Year 5 and 92% of Year 6 disagreed. On looking at the 'don't know' responses from both Year 5 and 6 pupils there is little difference in the percentage figures. The Year 5 class are a particularly mature group of children which may explain the similarities in their views. There is also the factor that Year 6 is a

very small group with only 19 out of 22 children responding due to absence of the remaining pupils. The response, therefore, from one child can have a large effect on the results. In this survey 1 out of 19 represents just over 5% whereas 1 out of 33 is just over 3%.

Table 5.11 Attitudes to Smoking 2 responses

Pilot Study - *Years 5&6* *September 1997 - July 1998*

Proportion of pupils responding to the following statements	**True**		**Not True**		**Don't Know**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
"Negative" effects of smoking						
Smoking can cause lung cancer	94	96	0	0	6	4
If a woman smokes when she is pregnant it can harm her unborn baby	88	97	6	0	6	3
Smoking makes your clothes smell	95	98	0	0	5	2
Other peoples smoking can harm the health of non-smokers	90	93	0	0	10	7
Smoking can cause heart disease	93	95	0	0	7	5
Smokers get more coughs and colds than non-smokers	69	75	11	5	20	20
Smoking makes people worse at sport	84	90	0	0	16	10
"Positive" effects of smoking						
Smoking helps people relax if they feel nervous	78	67	3	0	19	33
Smokers stay slimmer than non-smokers	35	26	55	69	10	5
Smoking gives people confidence	20	16	50	65	30	19
Smoking is not really dangerous, it only harms people who smoke a lot	25	20	33	63	42	17
Smoking helps people cope better with life	16	12	76	75	8	13
Smokers are more fun than non-smokers	7	0	79	86	14	14
Base (=100%)	*33*	*19*	*33*	*19*	*33*	*19*

Those responding - Year 5: 33 out of 33 and Year 6: 19 out of 22

In the second survey on smoking (Table 5.11) which was divided into *'negative'* and *'positive'* effects of smoking the responses from both the year groups is much more clearly delineated with all the *'negative'* statements receiving high percentage scores under the **'True'** column. Again there is little difference between the two year groups for probably the same reasons I

have suggested for the previous survey. The majority of the *'positive'* statements have also high percentage scores for **'Not True'** category. Both year groups were not sure about the statement "smoking is not really dangerous, it only harms people who smoke a lot".

Chapter Six

Discussion of Pilot Study and Preparation for Main Study

Chapter 6 - Discussion of Pilot Study and Preparation for Main Study

Conclusions

My overall conclusion from the 'draw and write' activity is that, while most of the children by the time they reach the age of 11 have quite an extensive knowledge of some drugs issues, this is not so for all the pupils. There is evidence that there is a degree of variability in the level of awareness in the two year groups that have been analysed; 29% (all from Year 5 children) said they did not know the names of any drugs, despite several naming one drug like LSD or ecstasy. These concerns are supported and further emphasised in the London Borough study

> "by the finding that a minority of children at each age group reported that they would try the contents of the bag of drugs."
>
> (O'CONNOR, *et al.*, 1997, p. 29)

At Silverwood, however, in the responses to the question 'what would you have done with the bag?' no child said they would eat or swallow the contents. Similar responses were found in the Southampton study where the response was overwhelmingly in favour of handing the bag in. However Williams does go on to add that

> "children will answer questions in what they perceive to be the right way, that is, in a way which they think will satisfy the questioner."
>
> (WILLIAMS *et al.*, 1989d, p. 91)

This surely highlights the difficulty in linking theory and practice in health education where the responses made by the children on paper may bear little resemblance to their behaviour outside school.

Implications

The implications from the findings of the 'draw and write' activity were reviewed before the medium term plans were drawn up for the terms programmes of study. The findings would appear to suggest that, despite the clear programmes of study from the Science curriculum, the message is not

getting through with regard to the use of drugs as medicines and the effects of tobacco and alcohol. Therefore in the series of lessons to be developed for this year's drug education programme the emphasis must be on looking more closely at tobacco and alcohol. The evidence from the 'draw and write' technique at the beginning of the pupils series of lessons suggests that there is an apparent lack of understanding about the use of drugs as medicines. There are also some pupils who do not clearly understand the effects of tobacco and alcohol. There is the need, therefore to look more closely at why the children do not appear to be assimilating the information they are being given in these lessons. It also seems that there is a need to investigate the pupils attitudes towards tobacco and alcohol during this reconnaissance phase, in order to establish how we can make the sessions more effective in respect of their beliefs about tobacco and alcohol in particular.

In reflecting on the strengths and weaknesses of the 'draw and write' methodology it must be remembered that the technique was developed in the early 1980's and the initial survey was carried out in 1986. A lot has happened in the world of drugs since then and there is perhaps a need to look at the technique in the light of the situations the children find themselves in today. This could be part of the focus for further development in the second stage of this doctorate. Having said that, I believe the technique still has a valuable place for the following reasons:-

- it is difficult to find research techniques suitable for use with groups of young children
- the technique can be presented by the class teacher in the classroom setting it is non-threatening to teachers, parents and the children
- it allows the children to use their own language and other communication skills freely
- and finally it is a technique that is adaptable to the needs of individual children within a wide age and ability range.

In future years the technique may well have to be adapted, as all the children in the school have already carried out this survey. Familiarity might well hinder finding out their true responses. There is also the point that, having

followed the programmes of study during this year, staff will know where the children are in terms of knowledge and therefore it may be necessary to devise a technique that looks more closely at their perceptions and views about drugs.

An Outline of the Curriculum Plans

The plans were devised so that individual members of staff could present the sessions in whatever way they felt appropriate within a time scale. It was decided that classes from the early years through to Year 4 should spend approximately six hours a year, which means they would have 12 half hour sessions during a term. The Years 5 and 6 would spend about nine hours in total giving them 12 sessions lasting 45 minutes or 9 sessions lasting 1 hour. Although I have said that the presentation of the programmes of study was up to the individual member of staff, the approach to the subject was suggested to them. So a varied format was proposed, from full class discussion to small group work with speaking and listening activities, as well as the opportunity to draw and write (particularly for the younger age groups). The use of various materials and videos was also suggested.

For both the two classes that I have focused on during this pilot study the curriculum plans are more or less identical. In all the sessions the headings are identical, but the content is not always the same. It was planned to have nine sessions of approximately one hour in length. The first three sessions would deal with why people use drugs (both legal and illegal) and the effects they can have. The second three sessions would deal with specific drugs, which in the light of the results of the 'draw and write' activity needed to concentrate on smoking and alcohol while looking briefly at other drugs. This is also in line with the National Curriculum for Science so the planning also involved the subject leader for Science. A further two sessions would use video material from *The Good Health Guide to Drugs* (BROWN & BENNETT, 1996a) while another session was planned to involve the local Police Education Partnership Officer and was to be concerned with drugs and the law. Most of the material for use within the sessions came from two books: *"Getting it Sorted"* (RUSSELL, 1996) and *"How to do Drugs"*

(PERRY & BRIGHTON, 1996) both from Hope UK. (See Appendix A1 for the Medium Term Plans for Year 6.)

The Video material contains three programmes. The first programme, *Drugs: What are they?* involves a small group of children in the upper years of a primary school. They find a bag on their way home from school which contains a number of bottles and packets of different tablets. The very same scenario as the 'draw and write' activity. The second programme, *Under Pressure* highlights the peer pressure children may be under to do things against their better judgement, while the third, *You Choose* reinforces warnings about the negative effects of drug use on individuals, their families and friends. (BROWN & BENNETT, 1996a)

Relationship of Pilot Study to Research Questions and Literature

The answers to the supporting questions, as set out in Chapter 1, will not only provide a description of the programme, but will look closely at the complexities of the issues surrounding the teaching and learning that takes place within the specific drug education programme developed within the school.

The Value of PSHE and Drug Education

There is little disagreement in the literature that I have reviewed of the value of either Personal, Social and Health Education in the primary school or preventative drug education. The value of this subject has been given a greater status in the last year since the development of the PSHE curriculum in the same format as the other National Curriculum subjects. Although it is still not a statutory requirement to be taught in schools, the Government has clearly indicated that this aspect of a pupils education is of great importance. In the introduction to the *Personal, Social and Health Education Curriculum* document it states

> "Personal, social and health education and citizenship help to give pupils the knowledge, skills and understanding they

need to lead confident, healthy, independent lives and to become informed, active, responsible citizens."
(DfEE, 1999, p. 136)

Throughout this pilot study there have been indications from the literature, discussions with staff and others, such as Peter Stoker (Prevention Positive Plus) that the effectiveness of "drug education" cannot be considered on its own. It has to be a part of a larger programme of PSHE which is continually being presented in a spiral form. (i.e. revisiting the area of the curriculum every year.) In much of the literature relating to the drug education programmes of study it is clearly indicated that for the programmes to be effective they must be fully integrated with the other health-related programmes throughout the year.

Duration of Drug Education Programme

One issue that has emerged is the length of time allowed for the drug education programme to operate. People like Stoker and O'Connor believe that an effective drug education programme cannot be delivered in a relatively short series of weekly sessions such as the present programme. *Project Charlie* is taught over a long period (ideally two years) and is quite intensive with one 20 - 30 minute lesson per week, while O'Connor suggests in her success criteria that a developmental, spiral approach needs to be of a long duration and with sufficient intensity. This is one area, therefore, that will need to be very carefully examined before the second stage of the project takes place. If the drug education programme is to be extended to a fuller prevention programme throughout the year, this will have serious implications for the school in terms of the timetable and the commitment of the staff to carry out such a programme.

'Preventative' Education and 'Peer Pressure'

The first of two priorities that the staff identified from the nominal group technique, is that of 'preventive' education. This is a very large and significant issue that needs to be addressed in greater detail during the

second stage of the research. Presentation of facts and correct information will not address these issues. There is a need to look at 'preventionist' methods when delivering the drug education aspect of the curriculum, which are in line with the educational philosophy of the school. Programmes such as *Project Charlie* and *Project DARE* need to be studied in greater detail. This along with the length of such programmes of study has to be a major issue for development in the next stage of the research.

The second area that the staff were concerned about was that of resisting peer pressure. This also concerned the parents who believed that their children needed to be taught how to withstand the pressures from other children with regarding to drugs. The majority of children in both year groups believed that it would be helpful to learn how to say 'no' and deal with peer pressure.

However, the Health Advisory Service (HAS, 1996a) has challenged the common assumption that young people use substances as a result of peer pressure, while Balding in 1995 discovered that a greater proportion of the young people he surveyed with higher self-esteem had experimented with cannabis. (BALDING, 1996b) The value of promoting self-esteem with regard to drugs and the issues surrounding peer pressure need to be investigated more thoroughly.

Greater Emphasis on Life Skills

In analysing the data from the classroom observations, the survey on attitudes to alcohol and the questionnaire, it became evident that the pupils also attached a great importance to the need for skills to deal with peer pressure. I believe the school needs to think about developing a programme of study with greater emphasis on skills acquisition/life skills, which will help with peer pressure not just in drugs but in other areas and enable the children to cope with life outside the classroom, now and in the future. Although I was not aware through my research work of any difference between the children's attitudes towards alcohol and smoking/illegal drug-taking, it emerged through the literature that alcohol may be more resistant to

educational programmes due to the social culture of this country. This is an area that I believe would be interesting to study further.

Problems with Classroom Observation

During the pilot study it became evident that I was unable to conduct as many classroom observations as I would have like. Also the head was unable to support this aspect of the study fully as she had promised, due to pressure of work and one whole term out of school. Although the results from the two observation I was able to make gave me a picture of what actually was happening in the classroom the observations were not clearly focused. An observational schedule was needed to be developed for the main study which would give me a sharper focus and clearer data.

During the period between the pilot and main study a classroom observation checklist was provided for the school to use by one of the County Advisors. (See Appendix E1.) This schedule had been devised for Subject Leaders to use in order to gain an understanding about what was happening in their own subject area. I thought it would be useful to use the same schedule as it would allow me to focus on certain aspects of these lessons. I divided the schedule into two sections. The first being a descriptive record of what is actually happened within the lesson as I had used in the pilot study. This would enable me to relate 'the event' to the actual short term plan developed by the teacher, as well as to my original medium term plan for the class. The second part of the schedule, which was more systematic in its approach, focused on specific areas that I wanted to investigate. As I was in the process of producing the pupils questionnaire several issues to do with the learning process and also the elements of successful learning became apparent. The observation schedule already had these sections relating to the teaching and learning that would take place within the lesson. Therefore in this section of the schedule I decided to note the following:

- the amount of time the pupils had to talk or discuss the main theme of the lesson;
- the amount of time the pupils were allowed to ask questions;

- the variety of teaching approaches used during the lesson;
- the balance between factual information and discussion.

The revised observation schedule will I hope allow me to collect stronger evidence of what is actually happening within the classroom.

Reflections on the Pilot Study

As a result of this pilot study one of the key issues that I believe needs to be addressed is that of which educational approach is most likely to succeed. Further research is required into a variety of drug education programmes that are at present being used in various authorities, such as *Project Charlie* and *Project DARE*. O'Connor suggests a multi-faceted model or approach, which offers a framework of the factors most likely to support the development and implementation of effective drug education in schools is as follows:-

- start drug education early, using interactive as well as knowledge based approaches
- use young people's knowledge, experience and perceptions of drug and drugs issues, and their expressed needs in this area, as a starting point, and incorporate these into planning, content and teaching methods
- provide long term, sustained education, linked with developing knowledge and experience, changing perceptions and attitudes, and understanding of social and psychological development
- target information/approaches towards specific needs and groups, considering for example, gender, ethnic cultural, social factors
- ensure the school ethos and management structure is supportive in term of resourcing, time commitment, coherent/cohesive messages about health and drugs
- involve and educate parents to support school efforts
- establish aims, objectives and outcomes of drug education programmes, in collaboration with parents and external agencies, and clarify the contribution of each

- harness the multi-agency contributions as part of a planned, coherent approach, which includes a policy to address drugs incidents in schools
- ensure school efforts are part of wider community efforts to reduce the availability and acceptability of drugs and
- establish monitoring and evaluation procedures to measure success/inform necessary changes. (O'CONNOR *et al.*, 1997, pp. 45-46)

The research findings basically support most of the information obtained from the literature review about the experience, knowledge and attitudes of young people regarding drugs and drug issues. The effectiveness of a drug education programme in a primary school is a long term process and one in which there is no permanent solution. Therefore the continuing action research cyclic process should be used to continually update and inform criteria for success.

Chapter Seven

Main Study

Chapter 7 - Main Study

Introduction

The main study of this project covers the academic year from September 1998 to July 1999. This part of the study still involves pupils from Years 5 and 6. During this year I shall be teaching Year 5 and a new member of staff will be teaching Year 6. All the staff will be given their Medium Term Plans for drug education when it has been time-tabled within the Personal, Social and Health Education programme during the course of the year. It must be noted that the Year 6 class were involved in this project in the previous academic year as Year 5 pupils and therefore there should be a degree of familiarity with the process. Their sessions have been designed to allow the member of staff to start working with them at the appropriate level of knowledge and understanding. I have included in the appendices a copy of the short term plans for the lesson on smoking which will show the difference in the level of knowledge and understanding. Obviously, with a spiral approach there will be a brief repetition of work that has been covered previously to act as a reminder of what they should know. (See Appendix A3.)

Research Methods

The research methods used in this main part of the study are essentially the same as I used in the pilot study. However, some refinement and redevelopment has taken place from the evaluation of the analysis of the data gathered during the pilot study. The programmes of study for drug education have been extended, by allowing more time through extra sessions and including an extra session with the Police Officer and a complete session on peer resistance and learning how to say 'no'. The three video programmes have a single session each which will allow greater opportunities for discussion by the pupils after or during the programmes. (See Appendix A2 for the Medium Term Plans for Year 6 during the academic year September 1998 - July 1999.)

Nominal Group Technique

When I started this project I thought it would only be necessary to use this method once but due to a significant change of staff with the replacement of a senior management position and a new member of staff joining the school to develop the early years or foundation curriculum I felt it would be useful to repeat the exercise. This would allow the two new members of staff to become involved and it would either concur what had previously been agreed or it would change the basic views of the group and therefore initiate change in approach or direction of drug education. However, instead of starting afresh by asking all the staff to generate a set of views that could be voted on I suggested that we use the original list and just have a new vote. This would save considerable time and also allow me to compare the two sets of results.

'Draw and Write' Activity

Having used the 'draw and write' technique (WILLIAMS, *et al.*, 1989d) during the initial phase of this project it was therefore important to continue to use this technique to establish the level of the children's background knowledge, understanding and perceptions without 'priming' them. This technique uses a story based on a lost bag of drugs. By using this technique it also means that their responses wouldn't be limited or distorted through inappropriate questioning. It also is an accessible method for children with inadequate literacy skills. This method was first used extensively in a Southampton University/Health Education Authority project in the early 1980's. The technique is based on the telling of a story of a child of similar age to those doing the activity. The children are able to identify with the child and therefore the story has a familiarity about it that makes it less threatening to them.

Although all the children in the school have been surveyed using this technique the findings will only concentrate on Years 5 and 6. Staff involved with these two classes were asked to tell the story and then required to ask the following questions:

1: Draw what was in the bag.

2: Who, do you think, lost the bag?

3: What do you think that person was going to do with the bag?

4: What did the child do with the bag?

5: What would you have done if you had found it?

6: Can a drug be good for you/help you? If so, when?

7: Can a drug be bad for you/hurt you? If so, when?

(WILLIAMS *et al.*, 1989d, p. 74)

Semi-structured Interviews

Although the general structure of these interviews had been established during the pilot study it was felt necessary to adjust some of the questions in light of the responses received during the initial stage. There was also the findings from the other research methods that helped to focus more clearly during this main stage of the study.

Pupil Questionnaire

During the lessons, both those I observed and those I was involved in through actually teaching it became apparent that I needed a method that would gather the children's thoughts and comments together in a more coherent and basically standardised way. There were four strands that needed to be examined further. It became apparent during the session that the duration of each session was important. How long could children sustain their levels of concentration during a session? Here the age difference between Year 5 and 6 might also be important. It was also interesting to note the responses to the three video programmes both year groups watched. I felt it was important to find out their reactions to these programmes which would support or confirm the various views expressed at the time. I also felt that it was important to find out the best way of using the programmes and so a series of questions were devised for the questionnaire. Part of one of the lessons looked at peer pressure and ways of saying 'no'. This was one of the areas that the staff also felt to be important when they took part in the nominal group technique activity earlier in the term. Again comments from

the children during the session needed to be formalised through the questionnaire. A further strand that appeared to be very successful at the time was the involvement of the local Police Education Partnership Officer and the practical session which involved placing a person in the recovery position etc. The children indicated that they felt this was extremely useful and an opportunity to comment on the session ought to be included in the questionnaire.

Classroom Observation

A planned list of observations has been devised in which I am hoping to observe at least another two lessons with my colleague who is taking Year 6. I have also agreed with another colleague, who does supply work and covers my class (Year 5) to observe her taking two of the drug education sessions. These observations will take place during the current academic year from September 1998 to July 1999. Both Year 5 and 6 are due to cover the drug education lessons during the Autumn term.

Group Interviews

Again during the main stage of this study the group interviews will be linked to the responses from the pupil questionnaires. The groups will again be kept to a small number for manageability and to allow all those in the group to be able to have their say. As the pupil questionnaire has had additions since the pilot study the focus of the group interviews will also have to take into account the additions.

Attitude Surveys

The statements in the attitude surveys remain unchanged from those used during the pilot study. By keeping the survey the same this would enable me to compare the responses from the children in each year. It must be remembered that the Year 5 group of 1997-1998 have become the Year 6 group 1998-1999 so there is also the possibility of comparing the responses they have given over the course of two years. I also felt it was important to

keep the statements the same in order to compare the responses from the children at Silverwood with the national statistics that Jarvis provides from the same set of statements. (JARVIS, 1997a; JARVIS, 1997b)

Chapter Eight

Findings from Main Study

Chapter 8 - Findings from Main Study

Introduction

Before analysing and interpreting the data that has been gathered during the second phase of this action research project I feel it would be useful to firstly restate the main research question and secondly to state the aims of this stage of the main study. The main research question was modified during the early part of the pilot study into the following:-

How effective is the drug education programme in the school.

The supporting questions did not change, but additions were made as the project developed. The findings related to these questions will provide a description of the programme and will look closely at the complexities of the issues surrounding the teaching and learning that takes place within the Personal, Social and Health Education of the school. These further questions will also clarify my understanding of the learning process and its success or failure.

The Aim of the Study

The main aim of the study remains the same, but there are several aims of this second phase of the research project that focuses attention even further. These are

- to seek the views and establish the value staff attach to drug education,
- to put the programmes of study into operation and observe what is happening,
- to collect the views and thoughts of the children who are involved in this project.

Analysis and Interpretation of Findings

For the analysis of the material available for this second phase of the study I shall be using the data gathered from 61 children in Year 5 and 6 classes. This represents 30.5% of the total number of pupils in the school. I shall be

comparing the data from the 'draw and write' activity I have gathered with two other studies that have used the same technique. The first study is the original work carried out by the team based in Southampton in the early 1980s. (WILLIAMS *et al.*, 1989d) Although they record the responses the children gave they do not present any statistical data. Whereas the second study produced comparable data and comes from a research project recently completed, based in three London Boroughs. (O'CONNOR *et al.*, 1997)

Nominal Group Technique

The result of the second time the staff were asked to choose the 6 most important statements can be seen in Table 8.1. This time, however, it was decided to use the same statements as in the previous year. At the start of the main study, there has been a slight shift in the priority order as shown by the 1997 positions in the end column.

Table 8.1 Nominal Group Technique.

Order of priority in response to why we should provide drug education in the primary school.

Main Study - *Staff* *September 1998*

	Value Statement	Position 1998	Position 1997
1	to present facts and correct information	4th	3rd
2	preventative (helps stop taking drugs in future)	1st	1st
3	creates social awareness		
4	provides an exploration of moral values		
5	removes misinformation	5th	5th
6	involves community togetherness		
7	is a perceived necessity	6th	
8	provides peer group solidarity		
9	provides controlled environment for information exchange		6th
10	helps teach tolerance of others		
11	provides skills to resist peer pressure	2nd	2nd
12	creates critical awareness		
13	provides objectivity of subject		
14	creates social responsibility		
15	provides mutual respect		
16	helps promote and preserve self image		
17	provides a vocabulary		
18	provides a safe environment for discussion		
19	stimulates cross-circular work		
20	helps provide skills for life	3rd	4th

As you will see there has been no change in the first two value statements while the third and fourth statement have changed places. Therefore it could be argued that the staff continue to put the first four statements as priority when it come to drug education. It is interesting to see the complete shift with both the fifth and sixth positions to new statements. These statements have also been included in the semi-structures interviews so that reasons for the shift in emphasis might well become clearer during these interviews with staff.

'Draw and Write' Activity

The responses from the children in Years 5 and 6 at Silverwood School during this main stage of the study revealed a good knowledge about the drugs scene and in particular the names of various illegal drugs such as cocaine, heroin and ecstasy. (See Table 8.2.)

Table 8.2 Draw and Write responses

Main Study - *Years 5&6* *September 1998 - July 1999*

Proportion of pupils responding to the question "what was in the bag?"	**Year 5**	**Year 6**	**Total**
	%	%	%
Medicines/tablets	63	81	72
Tobacco	23	52	37.5
Alcohol	10	13	11.5
Illegal drugs - Cocaine/heroine etc.	93	97	95
- (Ecstasy)	17	32	24.5
Needles/syringes	27	32	29.5
Other (Caffeine etc.)	10	6	8
Nil/not appropriate response	0	0	0
Don't know	0	0	0
Base (=100%)	*30*	*31*	*61*

It would be useful to look at the comparative figures from my study and the two studies that have used the same technique, namely the Southampton and London Boroughs studies. There are obviously gaps from insufficient information given in the two reports but I think the data that is presented is still worth studying. (See Table 8.3.) The children at Silverwood appear to have a greater knowledge of possibilities for the contents of the bag than the children from the other two studies. Under the category of 'other' drugs,

which includes caffeine, the London Borough children seem to have a greater awareness of these as drugs.

Table 8.3 Comparative figures from three studies

Main Study

Proportion of pupils responding to the question "what was in the bag?"	SO 1989	LB 1997	SS 97/98	SS 98/99
	%	%	%	%
Medicines/tablets	*	39	65	72
Tobacco	*	11	27	38
Alcohol	*	*	1	18
Illegal drugs - Cocaine/heroine etc.	69	9	88	95
- (Ecstasy)	*	*	*	25
Needles/syringes	*	6	25	29
Other (Caffeine etc.)	*	49	21	8
Nil/not appropriate response	*	16	17	0
(Don't know)				
Base (=100%)	*583*	*524*	*55*	*61*

Note: Each child was allowed to make more than one response in all three studies.
* Percentages not given.

SO - Southampton (WILLIAMS, *et al.*, 1989d)
LB - London Boroughs (O'CONNOR, *et al.*, 1997)
SS - Silverwood School (LATCHEM, 2000)

There are some striking differences in the results I have obtained during the last two academic years and the two other studies that I have used as comparisons. Under the category of 'illegal drugs' only 9% from the London Borough children compared with 88% (1997-98) and 95% (1998-99) response rate from my children. Even the Southampton study in 1989 had 69% of children naming an illegal drug. Again, there is a higher response from my pupils with regard to needles/syringes being in the bag compared to the London Borough figures. However, the London Borough children seem to be more aware of substances like caffeine being a drug with a 49% response compared to only 21% and 8% respectively for my pupils.

The overall conclusion from this 'draw and write' activity is that while most of the children by the time they reach the age of 11 have quite an extensive knowledge of some drugs issues, this is not so for all the pupils. While the evidence from the first phase of the study showed that there was a degree of variability in the level of awareness in the two years groups that have been

analysed the results from the second phase would suggest that the level of awareness has become considerably closer when looking at illegal drugs. (Year 5 - 93% : Year 6 - 97%.)

These concerns are supported and further emphasised in the London Boroughs study

> "by the finding that a minority of children at each age group reported that they would try the contents of the bag of drugs." (O'CONNOR *et al.*, 1997, p. 29)

At Silverwood, however, in the responses to the question 'what would you have done with the bag, no child said they would eat or swallow the contents of the bag. Similar responses were found in the Southampton study where the response was overwhelmingly in favour of handing the bag in. However Williams does go on to add that

> "children will answer questions in what they perceive to be the right way, that is, in a way which they think will satisfy the questioner."
> (WILLIAMS *et al.*, 1989d, p. 91)

This surely highlights the difficulty in linking theory and practice in health education where the responses made by the children on paper may bear little resemblance to their behaviour outside school.

Children's Knowledge of Drug Names

The work carried out during the first basic drug introduction lesson with both year groups confirms the findings from the 'draw and write' activity already discussed earlier in this report. All the children in both year groups were able to identify a range of legal and illegal drugs when asked to make a list of all the drugs they knew about. The lists contained drugs such as cocaine, ecstasy, heroin, alcohol and tobacco. (See the results in Table 8.4.) While nearly all the children put LSD on the list either as LSD 72% or as 'acid' 22% (94% in total.) during the pilot study, very few pupils during the main study had heard of the drug. LSD was mentioned by five children (16%) and three children (10%) used the word 'acid' in Year 6. The

previous years high figures can be explained as that particular class had received lessons about the fifties and sixties which included work on the *hippy/flower power drug scene.*

Table 8.4 List of 'drugs'

Main Study - *Years 5&6* *September 1998 - July 1999*

Name of drug	Year 5 %	Year 6 %	Total %
Alcohol	35	39	37
Caffeine (coffee)	46	74	60
Cannabis	57	65	61
(marijuana)	16	13	14.5
Cocaine	75	100	87.5
Crack	5	16	10.5
Ecstasy	78	97	87.5
Heroin	69	97	83
LSD	0	16	8
(acid)	0	10	5
Magic mushrooms	14	35	24.5
Nicotine	28	39	33.5
Speed	0	13	6.5
(whizz)	0	0	0
Tea	2	0	0
Tobacco	84	90	87
Vitamin tablets	6	7	6.5
Base (=100%)	*30*	*31*	*61*

The list of medicines (Table 8.5) produced by the pupils obviously links with their own experiences of medicines. Items such as Calpol and Paracetamol are obviously medicines that the children are very familiar with and have therefore been put on the list. The total percentage for both year groups for Calpol is 89% and for Paracetamol it is 83.5%.

Table 8.5 List of 'medicines'

Main Study - Years5&6 September 1998 - July 1999

Name of drug *(Medicines)*	Year 5 %	Year 6 %	Total %
Antibiotics	24	26	25
Antimalarial tablets	0	0	0
Calpol	88	90	89
Cough mixture	49	16	32.5
Epi-pen	5	6.5	5.75
Inhaler (ventolin)	48	84	66
Insulin	0	0	0
Paracetamol	73	94	83.5
Penicillin	0	23	11.5
Base (=100%)	*30*	*31*	*61*

Semi-structured Interviews

As in the pilot study the response from the Year 5/6 parents was extremely disappointing. A total of eight parents were interviewed. Two parent governors were included in the total. As the member of staff for Year 5 had left the new member of staff was the only person to be formally interview. As the responses were in many ways similar to the responses received from the interviewees in the pilot study I have included in these findings any additional responses which may be different or which add to the overall picture. I have also included the views of the two governors here more prominently as no governor had been interviewed in the pilot study.

The Provision of 'Drug Education'

Here again, the findings from the interviews indicate that there is full support the statement that schools should provide drug education. They all agreed that it should be taught in primary school. One of the governors believed that it was part of a child's 'extended education'. She explained further that she believed that it was important to include areas such as drug education, sex education, health education because it is all part of the child's development. The second governor believed that Personal, Social and Health Education was the very foundation of a child's education.

The School's Approach to 'Drug Education'

The two governors were fully conversant with the school's approach to this area of the curriculum and were pleased with the way the subject had been developed over the last few years. The parents involved in these interviews for the main study were unfamiliar with the approach but felt that it was the job of the professionals to work out the best way of teaching this area.

The 'Drug Education' Sessions

All the parents interviewed, including the governors who are also parents, reported that their children had come home and talked to them about the drug education sessions they had been involved with. In particular several of the parents mentioned that the session with the police officer seemed to create a strong impression with their child.

The Wider View of 'Drugs'

Again all the parents expressed their concerns about 'drugs' in society in general but also several expressed concern over the availability of drugs in the local area. Several of the parents have children in the local High School where there have been several 'drug related' incidents. None of the parents interviewed had any children involved in drugs. One of the governors, who is a local nurse, has been involved, through her professional work with young people taking drugs. She is adamant that it is vital that we do everything we possibly can to help the pupils resist the temptations of drug taking.

Pupil Questionnaire

All the children in both classes were involved in completing the questionnaire. The children are from two mixed classes - Year 6 with 31 children and Year 5 with 30. By analysing the data from the Pilot Study, the four strands that had been selected for closer scrutiny proved to be important. Due to the redevelopment of the programmes of study and in particular the Medium Term Plans obviously some of the research methods

needed to be refined. Therefore in producing the questionnaire for the main study I added further questions (see Appendix D2.) about the timing of the lessons. This would indicate whether more sessions helped to solve the problem of not sufficient time for discussions. I also added another question about who they would like to talk too about drugs to go along side who they have actually talked too. It occurred to me that it may well be a factor if the way children react to different presenters of the programmes of study. This would also link with the second strand of using outside 'speakers' such as the Police Education Partnership Officer from Suffolk Constabulary who visits the school for Years 5 and 6 on a regular basis. The main strands that are being scrutinised are as follows:-

- peer pressure and the ability to say no;
- practical session with the police;
- the video programmes;
- the time element of the lessons;
- who the pupils would like to talk to about drugs.

Some of these strands have already been look at and improvements have been made regarding the first four strands mentioned.

The responses to the questions from the questionnaire regarding 'which part of the lessons did they enjoy' and 'which part of the lessons were worthwhile are set out in the next two tables. (See Table 8.6 and 8.7.)

Table 8.6 Responses to question 2.5

Main Study - *Years 5&6* *September 1998 - July 1999*

Question 2.5: Which parts of the lessons did you enjoy the most?	**Year 5**	**Year 6**	**Total**
	%	%	%
Video	80	65	72.5
Discussion	3	10	6.5
Practical	17	22	19.5
Writing	0	3	1.5
No response	0	0	0
Base(=100%)	*30*	*31*	*61*

Table 8.7 Responses to question 2.6

Main Study - *Years 5&6* *September 1998 - July 1999*

Question 2.6: Which parts of the lessons did you think were the most valuable?	**Year 5**	**Year 6**	**Total**
	%	%	%
Video	80	64	72
Discussion	0	0	0
Practical	20	36	28
Writing	0	0	0
No response	0	0	0
Base(=100%)	*30*	*31*	*61*

It is obvious from the results shown above that there is little difference in the responses from the Year 5's and the Year 6's. Both year groups decided that the video was valuable as well as enjoyable. They also considered that the practical sessions with the Police Education Partnership Officer were valuable and although not as enjoyable as the video nevertheless still enjoyable. It is perhaps worth noting that the lack of any significant differences between the Year 5 and 6 responses could probably be explain by the fact that they were in the pilot study. They are also an extremely mature group of children. The response by the Year 5 group to what they see as valuable was more clearly defined with 80% believing the video sessions were valuable while 20% felt the practical sessions were important. However, the Year 6 group gave a more even response with both the video and the practical sessions being closer together.

In response to the additional questions about timing there was almost complete agreement from both Year 5 and 6 regarding the number of sessions. 93% of Year 5 and 98% of Year 6 felt that 14 sessions were sufficient. Question 2.12b was directed at Year 6 pupils who were asked whether they thought increasing the number of sessions from 9 to 14 had improved the drug education programme. All the Year 6 pupils agreed (100%) that it had improved the programme.

Classroom Observation

Although the observations had been planned and agreed these have not taken place during the main stage of this study and therefore no data has been collected. On both occasions when I was due to observe my colleague teaching the Year 6 class I was unable to do so as the Head was unavailable to cover my class. On the first occasions I had planned to observe the supply teacher taking the Year 5 class she was taken ill and I had to take the class and the second sessions I had to attend a meeting so was again unavailable to do any observations.

Group Interviews

As with the classroom observations the planned group interviews with Years 5 and 6 did not take place. Therefore there is no further evidence to support the answers provided by the questionnaires they completed. This is unfortunate as I would have liked the opportunity to discuss with some of the Year 6 children, in particular about the changes made to the programmes of study. An informal interview schedule had been prepared following the analysis of the responses to the questionnaires but unfortunately I was unable to use it.

Attitude Surveys

The attitude surveys were conducted during the particular lessons on alcohol and smoking using the same 'attitude' sheets as during the pilot study. The Year 6 group of children had already completed the sheets in the previous year. By comparing the figures of the same pupils it should be possible to detect any changes in their attitudes to these two issues. In table 8.8 the figures presented are from both age groups for the first year of the main study.

Table 8.8 Attitudes to Alcohol responses

Main Study - *Years 5&6* *September 1998 - July 1999*

Proportion of pupils responding to the following statements	**Agree**		**Don't know**		**Disagree**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
Everybody drinks alcohol	10	3	10	6	80	91
Drinking alcohol can lead to problems	90	97	10	3	0	0
Alcohol is more trouble than it's worth	33	42	17	19	50	39
You don't need to drink to have fun	83	87	7	10	10	3
It's silly to get drunk	93	94	0	0	7	6
Drinking puts fun into things	10	10	10	6	80	84
People who don't drink are wimps	3	0	7	0	90	100
Only heavy drinkers get alcohol problems	70	81	17	13	13	6
Base (=100%)	*30*	*31*	*30*	*31*	*30*	*31*

Those responding - Year 5: 30 out of 30 and Year 6: 31 out of 31.

From the percentages displayed in table 8.8 there is a clear indication that both age groups have strong views on alcohol and drinking. There is strong evidence from both groups that they disagree with statements like "everybody drinks alcohol" and "people who don't drink are wimps". They are certain that "drinking alcohol can lead to problems" with 90% of Year 5 and 97% of Year 6 agreeing with the statement. The area where they are both unsure is whether alcohol is more trouble than it's worth. This is probably due to their lack of experience as to alcohol's worth.

Further evidence has been gathered during the Autumn term (September - December, 1999) again using Year 5 and 6 children. They completed the attitude surveys about alcohol and smoking. There was not sufficient time to involve them in the full project so they have not completed the questionnaire or been involved in any discussions with myself regarding their thoughts about drugs. However, I have include their responses to the attitude surveys as further evidence when dealing with the research question about the attitudes and values of those involved in this project. The following three tables show the responses from both year groups.

Table 8.9 Attitudes to Alcohol responses

Main Study - *Years 5&6* *December 1999*

Proportion of pupils responding to the following statements	**Agree**		**Don't know**		**Disagree**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
Everybody drinks alcohol	6	0	8	0	86	100
Drinking alcohol can lead to problems	86	97	9	3	5	0
Alcohol is more trouble than it's worth	52	63	43	3	5	4
You don't need to drink to have fun	80	67	17	30	3	3
It's silly to get drunk	80	97	9	3	11	0
Drinking puts fun into things	9	0	14	3	77	97
People who don't drink are wimps	14	0	9	0	77	100
Only heavy drinkers get alcohol problems	46	94	43	3	11	3
Base (=100%)	*35*	*30*	*35*	*30*	*35*	*30*

Those responding - Year 5: 35 out of 35 and Year 6 30 out of 30

The percentage figures in table 8.9 basically confirm the responses that the previous Year 5 and 6 groups gave. It must be remembered that the Year 6 group involved in these figures were Year 5 last year. It appears there is a greater difference in response to the statement, "drinking alcohol can lead to problems" with 86% of Year 5 and 97% of Year 6 agreeing that it can lead to problems. This I would suggest can be attributed to the redevelopment of the programmes of study following the analysis of the pilot study findings.

Table 8.10 Attitudes to Smoking 1 responses

Main Study - *Years 5&6* *December 1999*

Proportion of pupils responding to the following statements	**Agree**		**Don't Know**		**Disagree**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
Smoking makes you look more grown up	12	0	0	0	88	100
Smoking can help you calm down	73	52	18	45	9	3
Smoking helps to give you confidence	0	0	38	14	62	86
Smoking can put you in a better mood	47	17	30	7	23	76
Smoking can help you stay slim	6	0	47	14	47	86
Smoking can help you make friends more easily	26	3	12	11	62	86
Smokers can have more fun than people who don't smoke	3	0	9	7	88	93
Smokers are more likely to have friends than people who don't smoke	9	0	9	3	82	97
Smokers are more boring than people who don't smoke	30	0	30	17	40	83
Smokers are more likely to be rebellious than people who don't smoke	47	24	35	31	18	45
Base (=100%)	*34*	*29*	*34*	*29*	*34*	*29*

Those responding - Year 5: 34 out of 35 pupils - Year 6: 29 out of 30 pupils

Here again the percentages for the responses from Year 6 pupils are higher than they when they Year 5 in the previous year. I would again suggest that this may be due to the work they have covered during the sessions they have received in the term from September to December 1999. This, I believe, would indicate that the spiral approach to drug education where the pupils' knowledge is continually being built on is working.

Table 8.11 Attitudes to Smoking 2 responses

Main Study - *Years 5&6* *December 1999*

Proportion of pupils responding to the following statements	**True**		**Not True**		**Don't Know**	
	Yr5	Yr6	Yr5	Yr6	Yr5	Yr6
	%	%	%	%	%	%
"Negative" effects of smoking						
Smoking can cause lung cancer	100	100	0	0	0	0
If a woman smokes when she is pregnant it can harm her unborn baby	100	100	0	0	0	0
Smoking makes your clothes smell	100	97	0	3	0	0
Other peoples smoking can harm the health of non-smokers	91	100	0	0	9	0
Smoking can cause heart disease	94	100	0	0	6	0
Smokers get more coughs and colds than non-smokers	94	83	0	14	6	3
Smoking makes people worse at sport	100	90	0	7	0	3
"Positive" effects of smoking						
Smoking helps people relax if they feel nervous	80	45	0	38	20	17
Smokers stay slimmer than non-smokers	6	0	74	86	20	14
Smoking gives people confidence	0	35	59	45	41	20
Smoking is not really dangerous, it only harms people who smoke a lot	35	35	35	45	30	20
Smoking helps people cope better with life	6	17	76	69	18	14
Smokers are more fun than non-smokers	0	0	88	93	12	7
Base (=100%)	34	29	34	29	34	29

Those responding - Year 5: 34 out of 35 pupils and Year 6: 29 out of 30 pupils

Table 8.11 also shows evidence of the developing knowledge and understanding of the children over the course of two years from Year 5 to Year 6. In nearly all the statements the Year 6 responses have produced higher percentages in December 1999 than in the previous academic year 1998-99.

The two *'attitudes to smoking'* surveys were chosen so that I could compare the results produced by the children at Silverwood and the responses given to Jarvis for the Office for National Statistics. The following two tables (Table 8.12 below and 8.13 on the following page) show the comparative responses.

Table 8.12 Attitudes to Smoking 1 comparative responses

Main Study	*December 1999*	
Proportion of pupils reporting that they agreed with the following statements	OFNS	SS
	1996	1999
	%	%
Smoking makes you look more grown up	8	6
Smoking can help you calm down	31	62
Smoking helps to give you confidence	9	7
Smoking can put you in a better mood	17	32
Smoking can help you stay slim	11	3
Smoking can help you make friends more easily	8	14
Smokers can have more fun than people who don't smoke	4	2
Smokers are more likely to have friends than people who don't smoke	7	5
Smokers are more boring than people who don't smoke	24	30
Smokers are more likely to be rebellious than people who don't smoke	37	46
Base (=100%)	*3485*	*63*

OFNS - Office for National Statistics (JARVIS, L., 1997a.)
SS - Silverwood School (LATCHEM,1999)

Table 8.13 Attitudes to Smoking 2 comparative responses

Main Study		*December 1999*	
Proportion of pupils reporting that the following statements were true	OFNS 1994	OFNS 1996	SS 1999
	%	%	%
"Negative" effects of smoking			
Smoking can cause lung cancer	98	98	100
If a woman smokes when she is pregnant it can harm her unborn baby	96	97	100
Smoking makes your clothes smell	96	96	98
Other peoples smoking can harm the health of non-smokers	94	93	95
Smoking can cause heart disease	92	93	97
Smokers get more coughs and colds than non-smokers	79	79	88
Smoking makes people worse at sport	78	80	95
"Positive" effects of smoking			
Smoking helps people relax if they feel nervous	67	64	62
Smokers stay slimmer than non-smokers	24	21	3
Smoking gives people confidence	22	19	17
Smoking is not really dangerous, it only harms people who smoke a lot	20	19	35
Smoking helps people cope better with life	12	13	11
Smokers are more fun than non-smokers	5	4	0
Base (=100%)	*2953*	*2803*	*63*

OFNS - Office for National Statistics (JARVIS, L., 1997b.)
SS - Silverwood School (LATCHEM, 1999)

On looking at the comparative responses of the *Attitudes to Smoking 1* it is obvious that the responses given by the pupils at Silverwood are very much in line with the responses given nationally. With the second survey the results from Silverwood are closely linked with the national results. From these comparisons I believe I can say that the views and attitudes of the children at Silverwood are basically the same as those of other children in the rest of the country.

Chapter Nine

Discussion and Reflections

Chapter 9 - Discussion and Reflections

Discussion

This research set out to investigate the implementation of the drug education programmes of study in Silverwood Primary School. The main aim of the study was to examine the effectiveness of the drug education programme and explored the concerns, views and attitudes of those involved.

In the first progress report, written in June 1997, the main research question was: *How effective is the Personal and Social Education programme in the school and in particular the drug education programme?* This was obviously too wide an area to cover in the period of time allowed for this dissertation. It was therefore refined to *How effective is the drug education programme in the school?* This clearly produced a narrower and clearer focus for the rest of the project. The supporting questions were also clarified into the following:

- *What are the values and attitudes of those involved in this project, in relation to drugs and drug education?*
- *What is actually being presented in terms of the specific content during lessons?*
- *What has been learned as a result of the programme?*
- *What are the experiences and perceptions of those involved including pupils, teachers, parents and governors?*
- *What are the learning processes involved in this programme?*
- *What constitutes successful learning in this area of the curriculum?*

A set of success criteria for effective drug education created by O'Connor was discussed by the staff in the early stage of the pilot study. These criteria were refined into the following:-

- the use of a person centred approach starting from the pupils perceptions of drugs and drug issues
- a developmental, spiral approach appropriate to the level of the pupils understanding, knowledge and experience

- the use of a combination of teaching methods including information, interactive, decision making skills and an examination of values and attitudes
- the avoidance of counterproductive strategies such as those suggested by O'Connor.

These criteria will be related to the findings of this study during the discussions in this chapter.

The research findings basically support much of the information obtained from the literature review on the experience, knowledge and attitudes of young people concerning drugs and drugs issues. The findings also demonstrate the importance of matching pupils' identified needs with appropriate drug education programmes.

Values and Attitudes

The findings from my study indicate that drug education is seen by all those involved to be of enormous value and should be taught in the primary school. From both the pilot and main study questionnaires the pupils showed that they considered drug education to be worthwhile. Around 94% of the children involved in the questionnaires agreed that the lessons had been worthwhile, with approximately 92% believing that it was important to learn about the subject at their age. This view is further supported by the evidence gained from the parent and governor interviews where the majority interviewed agreed that it was very valuable with several viewing it as 'a very necessary addition to the curriculum' for the society in which we live today. The parents also agreed that it should be taught at primary school before the children go to the High School and become 'mixed up with the wrong types'. The Home Office through the Drugs Prevention Initiative also believe that from the evidence it is possible to influence young people's behaviour and attitudes away from drugs by starting at an early, pre-experimentation, primary school age.

O'Connor's research showed that

> 'the vast majority (75.5%) thought it was very important
> that young people be taught about drugs'.
> (O'CONNOR *et al.*, 1997, p. 6)

However, she also found that out of those who had experienced drug education only 24% found it very useful, while 62% found it fairly useful. Although these figures do not correspond exactly with the results from my study they do nevertheless show that a large percentage of children believe that drug education is useful or worthwhile. One explanation for the difference in the sets of figures from both studies could be located in the amount of drug education the children have experienced before the questionnaires were administered. At Silverwood the majority of the children have had at least two if not three years experience of drug education on a yearly basis. Within the Personal, Social and Health Education programmes of study drug education has been valued by the teachers and over the last few years has had a prominent profile in the school. Of the pupils questioned by O'Connor, 18% reported that they had never had drug education with 12% saying they had had it once. Only 18% thought they received drug education often and 52% saying they had it a few times. These figures would suggest that the schools attended by these children also didn't feel that drug education was particularly useful, which is reflected in the results of the pupils views and thoughts.

The responses of the pupils from Silverwood indicating their attitudes towards alcohol and smoking are broadly in line with those reported in the surveys carried out by Jarvis for the Office for National Statistics.

Knowledge and Understanding

The findings throughout the study indicate that the pupils at Silverwood appear to have a greater understanding about the drug scene in general than those involved in the London Borough studies. They also have, in particular, a very good knowledge of the various illegal drugs such as cocaine, heroin and ecstasy compared with the other studies I have looked at. In some cases the pupils involved in this study seem to be more aware of drugs as both

positive, as in medicines and negative as in legal drugs (tobacco and alcohol) and illegal drugs than those children involved in the other studies I have examined during the course of this project. While most of the children at Silverwood by the time they reach the end of Key Stage 2,have quite an extensive knowledge of some of the drug issues, this is not so for all the pupils. Evidence from the pilot study showed there was a degree of variability in the level of awareness between Years 5 and 6, while the results from the main study would suggest that these levels have become considerably closer especially when looking at illegal drugs. Although I am pleased that the majority of pupils have a high level of awareness of drugs and drugs issues I am concerned that this awareness is mainly concentrated on the negative or illegal aspects of drugs. Their attitudes towards alcohol and tobacco seem to reflect the attitudes generally adopted throughout society. If drinking alcohol and smoking tobacco are seen as relatively normal activities for young people then the implication is that alcohol and tobacco education may need a higher profile.

The latest update of the National Curriculum for Science programmes of study for Key Stage 2 pupils, which became statutory at the beginning of this academic year (September 2000), has retained the statement that

> "pupils should be taught about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health." (DfEE, 1999, p. 85)

At the same time as the introduction for the updated version of the National Curriculum was implemented, the non-statutory guidelines for PSHE were also introduced. These guidelines state that

> "pupils should be taught which commonly available substances and drugs are legal and illegal, their effects and risks." (DfEE, 1999, p. 140)

It is obviously necessary when planning the drug education programmes of study to involve the Science Subject Leader so that duplication of work is avoided and the same 'messages' are being given to the pupils. A case could

be argued for joint planning regarding this particular aspect of the subject with possibly joint presentation. In fact in the Schemes of Work for Primary Science, devised by the DfEE, in Unit 5A *"Keeping Healthy"* (See Appendix A4) it advises that the

> "teaching about tobacco, alcohol and other drugs is likely to be undertaken in relation to the school's education programme for Personal, Social and Health Education."
> (DfEE, 2000, online)

The Provision of Drug Education at Silverwood

All those involved in the school that have been interviewed, completed questionnaires and discussed drug education at Silverwood agree that the provision is good. The Head, Governors and staff fully support the inclusion in the timetable of PSHE and believe that 'drug education' needs to be presented in this area of the curriculum. The Drugs Prevention Initiative also suggest that drug education should be part of the wider PSHE programmes presented in schools. This has been the case at Silverwood for the last five years.

The School's Approach to Drug Education

Through the evidence gathered from the staff interviews, classroom observations and the pupils' responses to the questionnaire and group interviews of the children the approach to presenting drug education at the school meets some of the success criteria set out at the beginning of this chapter. The staff have adopted a person centred approach which starts from the perceptions of the pupils on drugs and drug issues by using the 'draw and write' technique. In planning the medium term plans for the staff I have developed a spiral approach starting each year group at an appropriate level of understanding and knowledge. See Appendix A3 for an example of a lesson plan starting with each group at an appropriate level of understanding and knowledge. There is, however, concern that the number of lessons are not sufficient. The pupils at Silverwood have received 9 sessions during a single term whereas those involved in drug education prevention

programmes such as DARE produce at least 17 sessions during the course of a year. Another criterion for effective drug education is the use of a combination of teaching methods. During the sessions I observed, I saw various methods being used including:

- interactive work with the pupils
- decision making skills being encouraged and explored
- the examination of the pupils attitudes and values not only through the surveys but through classroom discussions
- practical work involving basic first aid (recovery position)
- information collecting and sharing activities.

The Drug Education Sessions

There is clear evidence from the pupils questionnaire that the most successful parts of the drug education sessions were the use of the video and the practical sessions, which involved the Police Education Partnership Officer. These sessions were described as being valuable and enjoyable and would help the children cope with life when they were grown up. There was also sufficient evidence from the pilot study, regarding the length of the individual sessions to suggest that the staff needed to examine the timing of these sessions. The pupils wanted the sessions to be longer in order for them to have time to discuss the issues in greater depth. The sessions during the pilot study were approximately between 30 and 45 minutes long. Again during the pilot study staff, parents and pupils also indicated that the number of sessions should be increased and perhaps covered in a more intensive way. The programmes of study were redeveloped and as a result of the increase in length of time and number of sessions staff and pupils felt that these changes had improved the drug education programme. (See Appendix A2 for the redeveloped Medium Term Plans for Year 6.) The 'action' that has been taken in direct response to the 'research' during the pilot study is a major part of action research and the whole reason for the project.

Evaluation of the Study

During the study and throughout this dissertation there have been various discussions regarding the appropriateness of the methodology adopted and the methods used to gain the required data for analysis. Most of the methods used in this study have I believe been appropriate not only to the overall approach of action research, but also to the approach to teaching used throughout the school. By using a wide range of methods this allowed there to be the possibility of the validity of the data collected to be sustained. The group interviews with the pupils were linked to their responses from the questionnaires. This helped create a stronger validity to the statements already made in the questionnaires. I also linked the staff interviews with the classroom observations again in order to give a greater validity to both sets of evidence. Unfortunately, for various reasons the classroom observations and group interviews during the main study did not take place with an obvious loss of data. However, I believe there is sufficient evidence through the findings of the material that has been collected through the other research methods that allows me to draw some conclusions from this study.

In discussing the reliability of the evidence to be found in the dissertation it must be remembered that the project was only concerned with one school and in particular with a small number of respondents. This puts into question the generalisability of the evidence. Wherever possible I tried to relate my evidence to the evidence found by others studying this area. It was also possible to compare some of the findings from this study with national statistics, which I believe gives the evidence I had produced a greater reliability.

Implications for Practice

The findings from literature review of this research suggest that in order to be effective drug education should start at "an early, pre-experimentation, primary school age" according to the Drugs Preventative Initiative (DPI, 1998b, p. 4) Therefore the primary school has a crucial role to play. At Silverwood there is already units of work being developed for all the children

starting with the 5 year olds in Year 1. The provision for PSHE to be included in the National Curriculum, even though it is still not statutory, will help encourage schools to develop drug education programmes for all primary school children.

The pupils at Silverwood have demonstrated an extensive knowledge and understanding about drugs and drug issues, however, there are areas where they still have false impressions. These need to be addressed with the view to changing the content of some of the sessions. The need to present accurate and updated information must be carefully balanced with the need to 'remove misinformation', which was one of the value statements that the staff agreed was an important part of drug education.

The majority of pupils found that drug education had been very valuable and worthwhile. All the staff, parents and governors also agreed that the drug education sessions were extremely valuable in the climate of society today. This means that the school must maintain these programmes of study within the PSHE curriculum despite the continued pressure from a shortage of time due to the insistence of hour long lessons for English and Mathematics. From the findings I would suggest that the subject not only needs to be maintained but needs to be increased in the amount of time spent pursuing the subject. This will put pressure on the timetable as well as resources.

Reflections on the Overall Process of this Study

This study set out to investigate the implementation of the 'drug education' programmes of study and to examine the effectiveness of such a programme. I believe that the study has shown that the drug education programme has been effectively introduced into Silverwood Primary School. The most basic measure of effectiveness would of course be changes in drug-related behaviour on the part of the pupils, but this study is too short to be able to use such a measure of success. The study is only able to show what the pupils <u>say</u> they <u>might</u> do in the future.

Looking back over the last three years I have gained a tremendous insight into the value of such a research project as this study into the effectiveness of drug education. It has also shown some of the difficulties that such procedures produce. I have tried to approach the research process in a careful and logical way. However, with this progressive type of action research there is the constant re-appraising and evaluation being carried out. This means that there have been continuing developments that needed researching and acting upon. Throughout the project the progressive focussing has helped to redevelop and refine the study. It has also allowed 'action research' to take place. At various stages 'action' has followed from the findings of the 'research' and a complete redevelopment of the Medium Term Plans was undertaken during the period between the pilot and main study. Obviously it does not have to stop there. With the finding from the main study further refinements will be made to improve the programmes yet again but for this present study the work has to be concluded.

I thought when I started this project that I had a clear focus for the study but during the first year. This changed and narrowed to a manageable research programme. The research questions were also changed and refined as the work progressed.

One of the difficulties experienced during this study was the position of being both, the researcher/evaluator and a participant. As a participant I not only produced the curriculum programmes of study but was also involved in the presentation of these programmes. This obviously raises the question of impartiality and I would acknowledge that it has been problematical at times and this study may not be entirely free from bias. Although I am aware of this I have tried to eliminate as much bias as possible, but it must, nevertheless be noted that I believe strongly in the importance of drug education being taught in primary school. However, it could be argued that one of the strengths that I believe I have brought to this study has been the underlying, deep belief in the value of drug education and the desire to ensure its continuation. There has also been a strong desire to see the whole process of planning, implementation and evaluation being advanced so that the whole

process is seen as a cycle that will continue to grow and foster improvements on the way.

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Appendices

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Appendix A:

1: Medium Term Plans for Drug Education (1997)

MEDIUM TERM PLAN FOR DRUG EDUCATION
Autumn Term 1997

Teacher : Mr. Latchem : Year 6

Time allocated approximately 9 hours during the term

LEARNING OBJECTIVES:

Key learning skills:

1: Recognise safe and "at risk" situations.
2: Coping with peer influences.
3: Knowing how to access help from adults and outside agencies.
4 Ability to make decisions and choices.

Knowledge and Understanding:

1: Understand the law about medicines, alcohol, tobacco, solvents and illegal drugs and how it relates to young people.
2: How to take care of my body safely.
3: There are risks associated with legal and illegal drugs and substances.
4: Be able to recognise the dangers involved in tasting or sniffing inappropriate substances.
5: Understand that there are people and voluntary agencies who will help those who find themselves involved in drug situations.
6: Understand the risks involved in handling equipment associated with the misuse of substances.

Attitudes:

1: My body is special - positive self image.
2: Developing self esteem.
3: Empathise with people caught up in situations where drugs are abused.
4: Responsibility for own choices and decisions about ones own lifestyle.
5: A questioning approach to issues associated with media images and advertising.

MEDIUM TERM PLAN FOR DRUG EDUCATION
Autumn Term 1997

Details of Content:

Year 6

There are to be nine sessions of approximately one hour in length. Three sessions will deal with why people use drugs and the effects they can have while a further three deal with specific drugs - particularly alcohol and tobacco. Two sessions will be used to watch a video while another session will be concerned with drugs and the law involving the local Police Education Partnership Officer.

Session	1:	A basic drug introduction.
	2:	The effects of drugs.
	3:	Why do people use drugs?
	4:	Smoking.
	5:	Alcohol.
	6:	Other drugs.
	7:	Video.
	8:	Video.
	9:	Drugs and the law.

Obviously the session introducing the series needs to be at the beginning but the other sessions can be done in any order and may have to when arrangements have been made with regard to the visit by our Police Education Partnership Officer.
For fuller details of some of the sessions please use the book "Getting it Sorted" from Hope UK. (RUSSELL, 1996)
Please also note that there are usually more than one activity to each of the above sessions and it would be helpful if you could manage to do all the activities involved. Therefore timing of individual sessions may well vary.

Cross Curricular Links:

Apart from the obvious link with science there will be opportunities for links with language work, drama - role play etc., and the possibility of linking with the R.E. on communities.

MEDIUM TERM PLAN FOR DRUG EDUCATION
Autumn Term 1997

Resources:

"Getting it Sorted" (RUSSELL, 1996) pages 15 - 26.
"How to do drugs" (PERRY & BRIGHTON, 1996)
Police Education Partnership Officer.
"The Good Health Guide to Drugs" - Video.

Teaching approaches:

The approaches will be varied using full class discussion to small group and paired work. There will be speaking and listening activities as well as the opportunity to write and draw.

Differentiation:

Any differentiation will take place through planned groupings and the outcome of any assessments involved in the sessions.

Assessment opportunities:

There will be throughout the sessions various opportunities to build in assessments on various aspects of the areas studied.
There will also be a final assessment to determine the amount of knowledge and understanding the children have gained as well as an evaluation in the form of a questionnaire of the series of sessions.

2: Medium Term Plans for Drug Education (1998)

MEDIUM TERM PLAN FOR DRUG EDUCATION
Autumn Term 1998

Teacher : Miss Reid : Year 6

Time allocated approximately 14 hours during the term

LEARNING OBJECTIVES:

Key learning skills:

1: Recognise safe and "at risk" situations.
2: Coping with peer influences.
3: Knowing how to access help from adults and outside agencies.
4 Ability to make decisions and choices.

Knowledge and Understanding:

1: Understand the law about medicines, alcohol, tobacco, solvents and illegal drugs and how it relates to young people.
2: How to take care of my body safely.
3: There are risks associated with legal and illegal drugs and substances.
4: Be able to recognise the dangers involved in tasting or sniffing inappropriate substances.
5: Understand that there are people and voluntary agencies who will help those who find themselves involved in drug situations.
6: Understand the risks involved in handling equipment associated with the misuse of substances.

Attitudes:

1: My body is special - positive self image.
2: Developing self esteem.
3: Empathise with people caught up in situations where drugs are abused.
4: Responsibility for own choices and decisions about ones own lifestyle.
5: A questioning approach to issues associated with media images and advertising.

MEDIUM TERM PLAN FOR DRUG EDUCATION
Autumn Term 1998

Details of Content:

Year 6

There are to be 14 sessions of approximately one hour in length. Four sessions will deal with why people use drugs and the effects they can have while a further four deal with specific drugs - particularly alcohol and tobacco. Three sessions will be used to watch a video while another two session will be concerned with drugs and the law involving the local Police Education Partnership Officer. A final session will be an open forum type session to allow the children to talk about any issues that have arisen during the term.

Session	1:	A basic drug introduction - with 'draw & write'.
	2:	The effects of drugs 1.
	3:	The effects of drugs 2.
	4:	Why do people use drugs?
	5:	Tobacco and smoking - with 'attitude surveys'.
	6:	Alcohol and drinking - with 'attitude survey'.
	7:	Other substances including caffeine and glue.①
	8:	Resisting drugs and peer pressure ('saying no.')
	9:	Video - Drugs: What are they?
	10:	Video - Under pressure.
	11:	Video - Your choose.
	12:	Drugs and the law 1 - practical first aid session
	13:	Drugs and the law 2 - discussions of situations
	14:	Open Forum - discussion.

① There is a BBB video/resource pack available to cover this session.
Obviously the session introducing the series needs to be at the beginning but the other sessions can be done in any order and may have to when arrangements have been made with regard to the visit by our PEP Officer. Please also note that there are usually more than one activity to each of the above sessions and it would be helpful if you could manage to do all the activities involved. Therefore timing of individual sessions may well vary.

Cross Curricular Links:

*The link with Science is very important and therefore both areas must be planned together.
*There are also opportunities for links with language work, drama - role play etc., and the possibility of linking with the R.E. on communities.

MEDIUM TERM PLAN FOR DRUG EDUCATION
Autumn Term 1998

Resources:
"Getting it Sorted" (RUSSELL, 1996) pages 15 - 26.
"How to do drugs" (PERRY & BRIGHTON, 1996)
Police Education Partnership Officer.
"The Good Health Guide to Drugs" - Video and guide book. (C4)
"Substance Misuse" - Video and resource pack. (BBC)
"Health for Life 2" (WILLIAMS *et al.*, 1989b)

Teaching approaches:

*The approaches will be varied using full class discussion to small group and paired work.
*There will be speaking and listening activities as well as the opportunity to write and draw.

Differentiation:

*Any differentiation will take place through planned groupings and the outcome of any assessments involved in the sessions.

Assessment opportunities:

*There will be throughout the sessions various opportunities to build in assessments on various aspects of the areas studied.
*There are three 'attitude' surveys to be done during the lessons about tobacco and smoking, and alcohol and drinking.
*There will also be a final assessment to determine the amount of knowledge and understanding the children have gained as well as an evaluation in the form of a questionnaire of the series of sessions.

3: An example of a session for Years 5 and 6.

Year 5: Smoking

Aims - to look at all the aspects associated with smoking, from its effects to why people smoke
- to encourage the group to express their own views on smoking

You need:
* tub with thick black paint
* a spoon
* the 'what's in a cigarette?' picture

Show children contents of tub.
Q: What do you think this could be?
When you smoke a cigarette it has something called 'tar' in it. It is black and gooey and it gets stuck in your lungs.
Q: What do you think your lungs do?
Your lungs are what make you breathe, so if they are clogged up with tar, it can make breathing very difficult.
Q: What other things do you think happen to your body if you smoke?

Tobacco contains three main things -
nicotine, which is the drug,
tar, which gets in your lungs causing problems and
carbon monoxide is a gas produced by the combustion taking place while smoking.
Q: What are the problems caused by tar?
Smelly breath, loss of taste, coughing, shortness of breath etc.
Q: Can you give me some reasons why people choose not to smoke?
Fit for sport, health reasons- asthma, waste of money, don't like it etc.

Even if we don't smoke ourselves we can be affected because if we are near smoke we will breathe it in. This can cause chest infections and other illnesses as well as cancer, for some people.

Year 6: Smoking

Aims - to extend the group's existing knowledge of the effects of smoking
- to discuss the reasons people might give for their smoking

You need:
* tub with thick black paint
* a spoon
* cigarette adverts from magazines

Show children contents of tub and remind them that in Year 5 they were told what it was.
Q: What is it?
Q: What does tobacco contain?
Q: What effects does smoking have?
These questions act as reminders of previous work in Year 5.
Q: What about 'passive' smoking?
Remind them about how it can affect even those not smoking.

Divide the class into small groups and provide each group with copies of the cigarette adverts. Ask the children to discuss in their groups the adverts and in particular -
Q: What do you think the advertisers are saying?
Q: Are they being honest?
Children to report back from each group what they have discussed.

Staying in their groups they can talk about the influences that friends, TV and pop stars, footballers etc have on them.
Q: How do they influence you?
Q: How can you say 'no' to these influences?
Q: Will you want to say 'no'?
These and similar questions can be used as prompts to help them discuss their views. Children to report back to the whole class their thoughts and views.

4: Schemes of Work: Primary Science
Unit 5A "Keeping Healthy"
Year 5

This unit helps children to learn that there are many aspects to keeping healthy.

Teaching about tobacco, alcohol and other drugs is likely to be undertaken in relation to the school's education programme for personal, social and health education.

Pupils will learn

- that substances like tobacco, alcohol and other drugs can affect the way the body functions and these effects can be harmful
- that medicines are also drugs and also affect the way the body functions but the effects are usually beneficial though there may be side effects
- that medicines can be harmful if they are not taken according to instructions

Explain the definition of a drug as any substance which changes our physical or mental state and talk with children about possible side effects.

Encourage children to think about why we take medicines even though there may be unpleasant side effects.

Use secondary sources e.g. video, CD-ROM, leaflets to illustrate effects of tobacco, alcohol or other drugs.

Ask children to make posters to inform other children of the effects of drugs, alcohol and tobacco. They should include in their poster appropriate information about the effects of drugs, tobacco or alcohol.

Teachers will be aware of the need to be sensitive to individual children and to the circumstances of their families in relation to this area of work.

Appendix B: 'Draw and Write' activity

'Draw and Write' categories to which children's responses were coded:

1 **Draw what was in the bag.**

- Medicines/tablets (aspirin, cough medicine, paracetamol, Anadin, antibiotics etc.)
- Tobacco.
- Alcohol.
- Illegal drugs (cocaine/heroin etc.).
- Needles/syringes.
- Other (caffeine, inhalers etc.).
- Nil/not appropriate response (also don't know)

2 **Who, do you think lost the bag?**

- Grown ups.
- Teenagers.
- Dealers/pushers.
- Addicts.
- Others.
- Nil/not appropriate response.

3 **What do you think the person was going to do with the bag?**

- Keep the contents.
- Sell the contents.
- Eat/swallow the contents.
- Leave the contents alone.
- Hands the contents in.
- Destroys the contents.
- Nil/not appropriate response.

4 **What did the child do with the bag?**

- Hand the bag in.
- Take it home.
- Leave it alone.
- Destroy the bag.
- Nil response.
- Take drugs and die.

5 **What would you have done if you had found it?**

- Hand it in.
- Take it home.
- Leave it alone.
- Destroy the bag.
- Nil/not appropriate response.

6 **Can a drug be good for you/help you? If so when?**

- Yes.
- No.
- When you're ill.
- When prescribed.
- Don't know.

7 **Can a drug be bad for you/hurt you? If so when?**

- Yes.
- No.
- When you're well (don't need them).
- When used incorrectly.

(Adapted by Latchem from WILLIAMS *et al.*, 1989d.)

Appendix C: Semi-structured Interview Schedule

1: Parents and Governors

Section A: **Introduction:** explain research and give assurance on confidentiality. Include thanks.

Section B: **Purpose of Interview:** to find out about the concerns, views and attitudes to 'drug education' as provided by the school.

Section C: **Questions:**

a - The Provision of 'Drug Education'

1: Do you think the school should provide 'drug education'?

2: If you think the school should provide 'drug education' at what age do you think it ought to be taught?

Prompts: Secondary school? Primary school?
If primary - Key Stage 2? Key Stage 1?

3: If you agree that it should be included in the primary curriculum where do you feel it ought to take place?

Prompts: Science? (where a certain amount has to be taught)
Personal and Social Education?
Other areas of the curriculum or completely separate?

b - The Schools Approach to 'Drug Education'

4: Have you attended any of the meetings the school has had over the last couple of years regarding 'drug education'?

5: If so, did it help you to understand the way the school is approaching this area of the curriculum?

6: Have you seen any of the materials - videos, books etc. that the staff are using during the 'drug education' sessions?

7: Have you read the schools 'drug education' policy?

8: If so, did this help you to understand the schools approach?

c - The 'Drug Education' Sessions

9: If your child has already had a series of 'drug education' session have they come home and talked to you about the sessions?

10: Are there any areas of 'drug education' that concern you with regard to it being dealt with in school?

11: Who do you think ought to present the sessions?

Prompt - class teachers? Subject leader?
Outside agencies such as school nurse? Or the Police?

d - The Wider View of 'Drugs'

12: Moving from the school situation for a moment are there any other concerns you have about drugs in general that you would like to share with me?

13: Do you have any other points you would like to make?

14: Are there any questions you would like to ask me?

Section D: **End of Interview:** Finally, give thanks again for their help and co-operation. Give assurance of confidentiality again and stress that comments will only be used in the final dissertation with their permission and without names etc.

Also:- their responses to the questions will be written up and returned to them for checking. Permission will then be sought to use any of the material that has been checked by the respondent.

Appendix C: Semi-structured Interview Schedule

2: Teaching Staff

Section A: **Introduction:** explain research and give assurance on confidentiality. Include thanks.

Section B: **Purpose of Interview:** to find out about the concerns, views and attitudes to 'drug education' as provided by the school.

Section C: **Questions:**

a - The Provision of 'Drug Education'

1: Do you think the school should provide 'drug education'?

2: If you think the school should provide 'drug education' at what age do you think it ought to be taught?

Prompts: Secondary school? Primary school?
If primary - Key Stage 2? Key Stage 1?

3: If you agree that it should be included in the primary curriculum where do you feel it ought to take place?

Prompts: Science? (where a certain amount has to be taught)
Personal and Social Education?
Other areas of the curriculum or completely separate?

b - The Schools Approach to 'Drug Education'

4: Were you involved in any of the meetings the school has had over the last couple of years regarding 'drug education'?

5: If so, did you think they were helpful in providing sufficient information for parents to understand the way the school is approaching this area of the curriculum?

6: What do you think about the materials - videos, books we are using during the 'drug education' sessions?

7: Do you think the schools 'drug education' policy is a helpful document?

8: Is it clear and concise? Is there anything missing?

c - The 'Drug Education' Sessions

9: Have you talked to your children about the drug education sessions at other times during school?

10: Are there any areas of 'drug education' that concern you with regard to your teaching the subject in school?

11: Who do you think ought to present the sessions?

Prompt - class teachers? Subject leader?

Outside agencies such as school nurse? Or the Police?

12: How long do you feel a session should last?

Prompt 30 minutes? 45 minutes? 1 hour?

13: Do you feel the number of sessions are sufficient to cover the subject?

14: If not, how many sessions do you think would be needed?

d - The Wider View of 'Drugs'

12: Moving from the school situation for a moment are there any other concerns you have about drugs in general that you would like to share with me?

13: Do you have any other points you would like to make?

14: Are there any questions you would like to ask me?

Section D: **End of Interview:** Finally, give thanks again for their help and co-operation. Give assurance of confidentiality again and stress that comments will only be used in the final dissertation with their permission and without names etc.

Also:- their responses to the questions will be written up and returned to them for checking. Permission will then be sought to use any of the material that has been checked by the respondent.

Appendix D: Pupil Questionnaire

1: Questionnaire for Pilot study

The answers to the following questions will be treated with the strictest confidence. **Do not** write your name on the sheet unless you wish to do so. Please tick the appropriate box or boxes.

Section 1 : Introduction :

1.1 Are you a boy or a girl?

Boy ☐

Girl ☐

1.2 How old are you?

____years____months

1.3 Which class are you in?

Yr.6 ☐

Yr.5 ☐

Section 2 : The Lessons :

2.1 Do you think the lessons have been worthwhile?

Yes ☐

No ☐

2.2 How much do you think you have learnt?

A lot ☐

Something ☐

A little ☐

Nothing ☐

2.3 How much did you understand during the lessons?

Everything ☐

Most ☐

Some ☐

Nothing ☐

2.4 Have you enjoyed the lessons?

Yes ☐

No ☐

2.5 Which parts of the lessons did you enjoy the most?

- Video ☐
- Discussion ☐
- Practical ☐
- Writing ☐

2.6 Which parts of the lessons did you think were the most valuable? Give a score out of 10. (10 being the most valuable)

- Video ☐
- Discussion ☐
- Practical ☐
- Writing ☐

2.6a Why do you think this?

.....

.....

2.7 Were the lessons

- long enough ? ☐
- too long? ☐
- not long enough? ☐

2.8 Did you have sufficient time to talk about drugs?

- Yes ☐
- No ☐

2.9 Did you have sufficient time to ask questions?

- Yes ☐
- No ☐

2.10 How much do you think you will remember next year?

- Everything ☐
- Most ☐
- Some ☐
- Nothing ☐

2.10a If you think you will remember most/some which aspects of the lessons will you remember?

Video ☐

Discussion ☐

Practical ☐

Writing ☐

2.11 Why do you think you will remember these particular parts?

.....

.....

Section 3 : The Video programmes :

3.1 What did you think of the Video programmes?

Helpful ☐

Interesting ☐

Okay ☐

Boring ☐

3.1a If you thought they were helpful, can you say why?

.....

.....

3.2 Were you able to identify with the children in the programmes?

Yes ☐

No ☐

3.3 By stopping the story and talking about it, did it help you to understand?

Yes ☐

No ☐

3.3a **OR** Would you have preferred to watch the stories and then discussed them?

Yes ☐

No ☐

3.4 Is there anything else you would like to say about the video programmes?

.....

.....

Section 4 : Talk/Discussion :

4.1	When there was a discussion did you make any contribution?	Yes	☐
		No	☐
4.2	If yes, did you ask a question?	Yes	☐
		No	☐
4.2a	**OR** Did you talk about something in the video programmes?	Yes	☐
		No	☐
4.2b	**OR** Were you able to talk about something that concerned you?	Yes	☐
		No	☐
4.3	If you didn't make any contribution were you	happy not to	☐
		too shy	☐

Section 5 : General :

5.1	Did you find the session with the Police helpful?	Yes	☐
		No	☐
5.2	Do you think it is important to know about the law in relation to drugs?	Yes	☐
		No	☐
5.3	Was it useful to learn about the recovery position?	Yes	☐
		No	☐
5.4	Do you think it helpful to know how to help somebody if they become ill through taking drugs?	Yes	☐
		No	☐
5.5	Will knowing about more about tobacco and what nicotine does help you not to start smoking?	Yes	☐
		No	☐
		Don't know	☐

5.6 Do you think by knowing more about drugs it will help you to stay clear of them?

Yes ☐
No ☐
Maybe ☐

5.7 Do you think it will be helpful in the future for you to know different ways of saying no to drugs?

Yes ☐
No ☐
Not Sure ☐

5.8 Have you spoken to anyone at home about these lessons?

Yes ☐
No ☐

5.8a If yes - who? Mum ☐ Dad ☐

Brother ☐ Sister ☐ Other ☐

If other say who.....

5.9 Do you think it is important to learn about this subject at your age?

Yes ☐
No ☐

5.10 Will it help you to cope with life outside school?

Yes ☐
No ☐

5.11 Is there anything that concerns you about drug education?

.....

.....

.....

5.12 Would you be willing to talk to me about your answers?

Yes ☐ No ☐

5.12a If yes - please write your name here.....

Thank you for your help and co-operation.

Appendix D: Pupil Questionnaire

*2: **Additions to Pupil Questionnaire for the Main Study***

2.12 Do you think 14 sessions of 'drug education' is

enough? ☐

Too many? ☐

Not enough? ☐

2.12a If you feel the sessions were not enough, how long would you like them to be

a term? ☐

two terms ☐

a full year ☐

2.12b (Year 6 only) Last year there was only 9 sessions. Do you think by increasing the number of sessions it has improved the drug education programme?

Yes ☐

No ☐

5.8b Who would you like to talk to you about drugs?

	Yes	No
Parents		
Teachers		
Friends		
Brothers and/or sisters		
Relations		
Others		

5.8c If you chose others please say who.....

5.8d Who would you like to present the 'drug education' sessions. Put a circle round the person or persons you choose.

Class teacher PSHE subject leader Police officer

Nurse Doctor Other

If other please say who.....

5.8e Do you think it important to know the person who is talking to you about drugs?

Yes ☐ No ☐ Don't know ☐

5.8f Can you give a reason for your answer? .....

Appendix E: Classroom Observations

1: Classroom Observation Checklist

Teaching Lesson Observation Checklist	Silverwood
Secure subject knowledge planning and questioning marking, effective exposition demanding work of the more able	
High expectations challenges pupils match of work deepens knowledge emphasis on accuracy good presentation critical thinking giving responsibility	
Effective planning clear learning objectives differentiation NC coverage tasks, extension	
Methods and organisation match Los and needs explanation exposition questioning problem solving practical activity effective grouping	
Use of time and resources structure and pace pupils clear about time and purpose appropriateness of resources	
Assess work thoroughly marking feedback praise listen tell children how to improve, explain challenge	
Use of Homework taken seriously followed up improves study skills	

Devised in 1998 by D. Bird, (Link Advisor)

Appendix E: Classroom Observations

2: Descriptive Record of the first session with Year 6

1.30 Lesson starts with pupils sat at their own tables. The children are arranged in mixed groups of 5 or 6.
T: We are going to talk about drugs, this afternoon.
Children asked to remember rules when talking or discussing sensitive issues.
B: We must listen to what is being said.
G: You mustn't shout out.
G: We must respect what anybody has to say.
B: If anybody says something personal we must remember not to say anything to anybody outside the class.
T: Good, now can anybody tell me what a drug is?
Need a definition.

1.40 Some open discussion regarding the definition.
T: Well done, now in your groups I want you to discuss for a few more minutes and see if you can agree on a definition that you can give the class.

1.50 After further group discussion each table gives their own definition.

2.00 Bring the various definitions into one similar to
A drug is something that changes the way your mind or body works.
T: Now we have a definition what do you think of when I say the word 'drug'? List all the things you can think of.
B: Do we do it in our group?
T: No, I want you to do this for yourself first, then share with the person sitting next to you.

2.15 T asks children for a drug on their list. (See Tables 3 & 4.)
Discussion about words like speed, acid, marijuana and whizz which leads into the final part of the lesson.
T: We are now going to finish by playing a game called 'Take your Pick'. Each group will have the name of a drug and you will then have to collect all the slang names for that drug from the cards that are on your table.
A lot of excitement and chatter (basically the first during the lesson) and some grabbing when the cards are put on the tables. Each group quickly settles to the task and much laughter as they discover some of the names, e.g. 'rhubarb and custard', 'blue bananas', 'wacky-backy' etc.

2.30 Lesson drawn to a close with the point about the reason for having slang terms.

Appendix E: Classroom Observations

3: Descriptive Record of the fifth session with Year 6

1.30	The lesson started with the class being divided into four groups of boys and girls. They are asked as a group to act out a scenario showing the effects of alcohol. Each group is given plastic cups (one for each group member), some soft drinks and a 'units of alcohol' sheet.
1.40	The groups are given five minutes to rehearse their scene.
1.45	Only three groups are willing to show their scenario. The first group act a scene in a pub where one of the group gets very drunk and ends up being sick!
1.48	The second group again were in a pub where they were having 'one for the road'. They then staggered to the car and proceeded to drive off and have an accident where all of them are killed.
1.54	The third group were similar to the first group but instead of being sick they end up in a fight.
1.56	A discussion followed about what they had seen and one of the girls pointed out that all three groups had only shown the 'bad' effects. So the questions was asked - Are there any 'good' effects? The same girl suggested that it could help people relax and maybe become more confident when there were with people.
2.00	The children were then asked to move back into their own places and asked to complete a short survey of their attitudes to alcohol. (See Appendix G1.) When that had been done they went on to think about the latest government plans to reduce the alcohol limit when drinking and driving. They were asked to write:- 1. whether they agreed to the reduction with their reasons. 2. What did they think about drinking and driving. 3. Was it right to stop people drinking and driving.
2.15	After they had written their responses they were invited to read their replies out.
2.25	The lesson ended with all the children finishing the soft drinks!

Appendix F: Group Interview schedule

Section A: **Introduction:** explain why I wish to interview them,
assure confidentiality,
thank them for co-operating.

Section B: **Purpose of Interview:** to find out more about their views, concerns and attitudes to 'drug education' as provided by the school.

Section C: **Questions:**

General

1: Did you enjoy the drug education sessions that you have recently finished?

2: Do you think they have been useful?

Time and timing

3: What do you think about the length of each session?

4: How long do you think they ought to be?

5: What do you think about the number of sessions?

6: How many sessions do you think you ought to have?

Practical advice

7: Which session do you think was the best?

8: Why do you think that particular session was better than the others?

9: What sort of advice would you like to hear?

Attitudes to drugs

10: Do you think drugs can be good or bad?

11: What do you think about smoking?

Video programmes

12: Did you feel the video programmes were helpful?

13: In what ways did the video help you to understand about taking drugs?

This next category was added during the actual interview being introduced by one of the pupils. She also provided the question!

Attitudes to drinking and driving

11: What about drinking and driving?

Section D: **End of interview:** thank them again for helping and their co-operation,
give assurance of confidentiality again,
stress any comments used will require their permission and will not use names.

Appendix G: Attitude Surveys

1: Attitudes to Alcohol

		I agree	I don't know	I disagree
1	Everybody drinks alcohol	☐	☐	☐
2	Drinking alcohol can lead to problems	☐	☐	☐
3	Alcohol is more trouble than it's worth	☐	☐	☐
4	You don't need to drink to have fun	☐	☐	☐
5	It's silly to get drunk	☐	☐	☐
6	Drinking puts fun into things	☐	☐	☐
7	People who don't drink are wimps	☐	☐	☐
8	Only heavy drinkers get alcohol problems	☐	☐	☐

2: Attitudes to Smoking 1

Name:_____ Date:_____

	True	Not true	Don't know
1. Smoking makes you look more grown up.	☐	☐	☐
2. Smoking can help to calm you down.	☐	☐	☐
3. Smoking helps to give you confidence.	☐	☐	☐
4. Smoking can put you in a better mood.	☐	☐	☐
5. Smoking can help you to stay slim.	☐	☐	☐
6. Smoking can help you make friends more easily.	☐	☐	☐
7. Smokers can have more fun than people who don't smoke.	☐	☐	☐
8. Smokers are more likely to have friends than people who don't smoke.	☐	☐	☐
9. Smokers are more boring than people who don't smoke.	☐	☐	☐
10. Smokers are more likely to be rebellious than people who don't smoke.	☐	☐	☐

3: Attitudes to Smoking 2

Name:_____ Date:_____

	True	Not true	Don't know
1. Smoking gives people confidence.	☐	☐	☐
2. Smoking makes people worse at sports.	☐	☐	☐
3. Smokers stay slimmer than non-smokers.	☐	☐	☐
4. If a woman smokes when she is pregnant it can harm her unborn baby.	☐	☐	☐
5. Smoking helps people relax if they feel nervous.	☐	☐	☐
6. Smoking can cause heart disease.	☐	☐	☐
7. Smoking is not really dangerous, it only harms people who smoke a lot.	☐	☐	☐
8. Smokers get more coughs and colds than non-smokers.	☐	☐	☐
9. Other peoples smoking can harm the health of non smokers.	☐	☐	☐
10. Smoking helps people cope better with life.	☐	☐	☐
11. Smoking makes your clothes smell.	☐	☐	☐
12. Smokers are more fun than non-smokers.	☐	☐	☐
13. Smoking can cause lung cancer.	☐	☐	☐

Appendix H: DARE Core Curriculum Lessons

1: Overview

The core curriculum is delivered by a DARE Officer to fifth and sixth grade students and includes *one lesson per week for 17 consecutive weeks.* The DARE Program requires that a certified teacher be present and help supplement classroom activities. A wide range of teaching techniques are used, including question and answer, group discussion, role-play and workbook exercises.

In addition to presenting the core curriculum, DARE officers visit the *kindergarten through fourth grade* classes at the schools. These visits focus on child safety and prevention issues. Students are alerted to the potential dangers in the misuse of drugs, medicine and other substances. There is a recognition of the need to help students at this level develop an awareness that alcohol and tobacco are also drugs. Four DARE sessions are held for grades K-2 and five sessions are held in 3rd and 4th grades.

2: The Curriculum Lessons

Lesson One: *Introducing DARE* - acquaints students with the role of the police and practices student safety.

Lesson Two: *Understanding the Effects of mind-Altering Drugs* - helps students understand the harmful effects of drugs.

Lesson Three: *Considering the Consequences* - helps students understand the negative consequences of drug use and the positive consequences of avoiding drugs and violence.

Lesson Four: *Changing Beliefs About Drug Use* - makes students aware of the kinds of peer pressure they may face and helps then learn how to say no when they are offered drugs.

Lesson Five: *Learning Resistance Techniques - Ways to Say No* - teaches students different ways to resist various types of peer pressure.

Lesson Six: *Building Self-esteem* - helps students understand that their self-image results from positive and negative feelings and experiences.

Lesson Seven: *Learning Assertiveness - A Response Style* - teaches that assertiveness is a response style that enables a person to state his or her own rights without loss of self-esteem.

Lesson Eight: *Managing Stress Without Taking Drugs* - helps students recognise stress and suggests ways to deal with it other than taking drugs.

Lesson Nine: *Reducing Violence* - helps students identify non violent ways to deal with anger and disagreement.

Lesson Ten: *Combating Media Influences on Drug Use and Violence* - helps students develop the skills needed to analyse and resist media presentations about alcohol, drug use and violence.

Lesson Eleven: *Making Decisions About Risky Behaviours* - helps students apply the decision-making process by evaluating the results of various kinds of risk-taking behaviours, including that of drugs and violence.

Lesson Twelve: *Saying Yes to Positive Alternatives* - helps students find out about activities that are interesting and in which they can achieve success.

Lesson Thirteen: *Having Positive Role Models* - introduces older student leaders and other positive role models that do not use drugs to students in the DARE program.

Lesson Fourteen: *Resisting Gang and Group Violence* - helps students identify situations in which they may be pressured by gangs and evaluate the consequences of the choices available to them.

Lesson Fifteen: *Summarising DARE Lessons* - helps students summarise and assess what they have learned from the program.

Lesson Sixteen: *Taking a Stand* - students take a positive stand to be drug-free and to avoid violence by putting their commitment in writing and reading it aloud.

Lesson Seventeen: *DARE Culmination* - student graduation from DARE program.

DARE website: www.TexasDARE.net
Http://www.tdi.swt.edu/dare/Curriculum/Core?Core%20_Curricula.htm 08-Sep-00

3: The DARE Curricula Comprehensive Program Approach

A comprehensive program within the schools offers such educational activities as the following to heighten awareness and knowledge about alcohol, and other drug dependencies:

- planning and implementation of the school behaviour code that includes guidelines concerning the possession or use of tobacco, alcohol, and other drugs
- faculty in-service training
- parent education, including a DARE evening for parents
- instruction by DARE officer in target classrooms
- talk shops, interest groups, and other groups for identified and referred high-risk students
- parent outreach and support

http://www.tdi.swt.edu/dare/Curriculum/Texas_DARE Curriculum_Information.htm 08-Sep-00